

TRANSPERSONAL PRACTICES AS PREVENTION INTERVENTION FOR BURNOUT
AMONGST HIV/AIDS COORDINATOR TEACHERS

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DECLARATION

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ABSTRACT

The impact of transpersonal psychology techniques presented in Capacitar workshops as a prevention intervention for burnout amongst HIV/Aids coordinator teachers has not been studied to date in South Africa. This research project utilised a mixed-method approach in a pre-test and post-test quasi-experimental design. Educators from South Metro, who were HIV/Aids co-ordinators in their schools, were invited to attend six days in total of Capacitar workshops. Measures of their levels of stress and burnout were taken before and after the intervention. Thirty teachers volunteered to take part in the workshops and 27 completed the training. A control group (n=27) was chosen from a group of teachers in the Central and South Metros of the Western Cape, South Africa. The Capacitar workshops were presented by facilitators who had been trained and accredited by Dr Pat Cane, founder of Capacitar International, California, USA.

The overall theoretical perspective adopted in the transformative approach was transpersonal psychology. While equal priority was given to both the quantitative and qualitative legs of the study, the quantitative data were gathered first. The Beck Anxiety Inventory (BAI) was used to measure anxiety and the Copenhagen Burnout Inventory (CBI) was used to measure three dimensions of burnout: personal, work and client burnout. The means of the intervention and control groups of teachers were found to be similar on the BAI and CBI prior to the intervention. After the workshops, there were significant reductions in anxiety, personal and work burnout in the post-test measures of the intervention group. There were also significant differences in personal and work burnout of teachers between the intervention and control groups. Although reduction in the levels of anxiety and client burnout (working with children) was evident in the intervention group, this was not significant. The control group showed no significant improvement on any measures and in some cases, levels of burnout increased.

Qualitative data in the form of global analysis of focus group interviews provided insights into the experience of workshop delegates, and their teaching contexts. To cope with work and personal stressors, teachers turned to physical (n=29), mental (n=17) and spiritual activities (n=15), with many (n=19) using negative coping tools. Individual line sketches, a collage of outliers and mind maps, together with portraits of delegates, highlighted the context and experiences in the Capacitar workshops. As a result of exposure to transpersonal practices,

HIV/Aids coordinator teachers were first able to start the process of healing themselves, and then turn to their families, learners and the community at large to share the tools offered.

The qualitative data also yielded sixteen themes: Increased consciousness; personal empowerment; role empowerment as carers; emotional intelligence; mindfulness; heart coherence; processing traumatic pain; multiculturalism; self-acceptance; light heartedness; interconnectedness, sharing; forgiveness; holistic, right brain healing; changing brain patterns; mind-body-spirit integration and a return to wholeness.

The results of this study showed both quantitatively and qualitatively that transpersonal psychological techniques mediated burnout amongst HIV/Aids coordinator teachers in Metro South, Western Cape Education Department, Mitchells Plain, Cape Town. Recommendations are made in the light of the findings and the limitations of the study.

OPSOMMING

Die impak van transpersoonlike sielkundige tegnieke wat aangebied is in Capacitar werksinkels, as 'n voorkomings-intervensie rakende uitbranding op onderwysers wat as MIV/Vigs ko-ordineerders funksioneer, is nog nie voorheen in Suid-Afrika ondersoek nie. Hierdie navorsingsprojek het 'n kwantitatiewe-kwalitatiewe benadering gebruik met 'n voor- en natoets kwasi-eksperimentele ontwerp. Opvoeders van die suidelike metropool/grootstad wat werk as MIV/Vigs ko-ordineerders in hulle skool, is uitgenooi om altesaam ses dae van die Capacitar werksinkels by te woon. Die deelnemers se vlakke van stres en ooreising is voor en na die interventie gemeet. Dertig onderwysers was gewillig om deel te neem aan die werksinkels en sewe-en-twintig het die opleiding voltooi. 'n Kontrole groep (n=27) is gekies vanuit 'n groep onderwysers in die sentrale en suidelike metropool van die Wes-Kaap, Suid-Afrika. Die Capacitar werksinkels is aangebied deur geakkrediteerde fasiliteerders wat opgelei is deur dr. Pat Cane, die stigter van Capacitar Internasionaal, California, VSA.

Transpersoonlike sielkunde is die oorhoofse teoretiese perspektief wat gehandhaaf is in die transformatiewe benadering. Alhoewel gelyke prioriteit verleen is aan beide die kwantitatiewe en die kwalitatiewe komponente van die studie, is die kwantitatiewe data eerste ingesamel. Die "Beck Anxiety Inventory" (BAI) en die "Copenhagen Burnout Inventory" (CBI) is gebruik om die drie dimensies van uitbranding te bepaal: Persoonlike-, werk- en kliënt-ooreising. Daar is vasgestel dat die gemiddeldes van die interventie en die kontrole groepe dieselfde is vir die BAI en die CBI meet-instrumente voordat die interventie aangebied is. Betekenisvolle verskille is gevind met die na-toets vir die interventie-groep, naamlik die vermindering van angs, persoonlike- en werks-ooreising. Daar is ook betekenisvolle verskille getoon in persoonlike en werksuitbranding tussen die interventie en die kontrole groepe. Alhoewel nie betekenisvol nie, het daar 'n duidelike vermindering in die vlakke van angs en kliënt-ooreising (werk met kinders), voorgekom in die interventie-groep. Die kontrole groep het geen betekenisvolle verbetering getoon met betrekking tot enige van die meet-instrumente nie, en in sommige gevalle het die vlakke van uitbranding toegeneem.

Kwalitatiewe data in die vorm van die globale analise van fokusgroep-onderhoude het insigte verskaf rakende die ervaring van die deelnemers, en hul kontekste van onderrig. Onderwysers het fisiese (n=29), intellektuele ("mental") (n=17) en spirituele aktiwiteite (n=15) gebruik, om

werk-en persoonlike stressors te hanteer en vele opvoeders het (n=19) negatiewe hanteringsmeganismes gebruik. Individuele lyn-sketse, 'n collage/plakskildery van uitlopers en geheue-kaarte, tesame met foto-weergawes van die deelnemers het die konteks en belewings van die Capacitar werkwinkels gekenmerk. As gevolg van die blootstelling aan die transpersoonlike gebruike was dit in die eerste plek vir die MIV/Vigs onderwysers moontlik om self innerlike genesing te ervaar, en ook om hul familie, die leerders en die gemeenskap te bemagtig met die aangebode toerusting.

Sestien tema's is geïdentifiseer met die kwalitatiewe studie: Verhoogde bewustheid; persoonlike bemagtiging; rol-bemagtiging as deernisvolle persoon; emosionele intelligensie; gefokusde beleving ("mindfulness"); sin vir koherensie; die verwerking van traumatiese pyn; multi-kulturalisme; lighartigheid; onderlinge verbondenheid; mededeelsaamheid; vergewing; holistiese, regterbrein-genesing; veranderde breinpatrone; liggaam-siel-gees integrasie en die herstel van heelheid.

Die resultate van beide die kwantitatiewe en kwalitatiewe benadering het getoon dat transpersoonlike sielkundige tegnieke uitbranding bekamp onder onderwysers wat as MIV/Vigs ko-ordineerders werk in die suidelike metropool, Wes-Kaap departement van onderwys, Mitchells Plain, Kaapstad. Aanbevelings word aangebied in die lig van die bevindings, asook die beperkings van die studie.

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DEDICATION

“You and I are both going to die – you possibly from old age, me from HIV/Aids.

Teach us how to live and die in wellness.”

An HIV/Aids positive delegate, who spoke to Dr Pat Cane at a Capacitar workshop, KwaZulu-Natal, 2003, inspired the title of the training manual in South Africa, “Living in Wellness”, and the writing of this thesis.

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CHAPTER ONE

Introduction

1.1 Context

This study of teacher burnout takes place in the broad context of a critical time in the choices being made for a sustainable world, where action needs to be taken to slow the damage to the Earth and its people; structural causes need to be analysed with new alternatives considered; and there is a fundamental shift in worldview and values (Macey, 1998). Transpersonal psychology offers an alternative paradigm to the Western biomedical model, suited to indigenous and holistic approaches to healing, integrating body, mind and spirit with energetic balance.

In the context of South African education, a burnout crisis amongst educators is steadily worsening, demonstrated by national statistics. Large numbers of teachers have left the profession due to contract termination, resignation and mortality over the past seven years (Human Sciences Research Council (HSRC), 2005). Fifty-five per cent of educators have considered resigning due to inadequate remuneration, increased workload, lack of career development, lack of professional recognition, dissatisfaction with work policies and job insecurity (HSRC). The South African Democratic Teachers' Union (SADTU) is concerned about the well-being of teachers and research has recently been commissioned by the Department of Education to find the causes of stress and ways to deal with it. (B. Daniels, personal communication, September 15, 2009).

Teacher stress has been described as the perception of an imbalance between demands at school and the resources teachers have for coping with them (Esteve, as cited in Wood & McCarthy, 2002). Stress symptoms include anxiety, frustration, poor performance and disrupted interpersonal relationships at work and home. Experienced over a long period of time, stress may result in burnout indicating a change in tolerance for continual stress, "a tolerance that gradually wears away under the never-ending onslaught of emotional tensions" (Maslach, 1982, p.11). Burnout, with a loss of idealism and enthusiasm for work as a result of unmet needs, is considered to be a disability, which results in teachers performing far below their potential, despite being well prepared and committed (Gold & Roth, 2003). Feelings of isolation and depersonalisation increase over time unless action is taken. Stressors in the

workplace and in personal lives can lead to adverse lifestyle behaviours, having a negative impact on mental and physical health over prolonged periods of time. Anxiety, stress and burnout can lead to psychopathologies such as post-traumatic stress disorder, with symptoms of, for example, social withdrawal, chronic depression and anxiety, pessimism and cynicism.

As a result of the high prevalence of HIV/Aids in South Africa and particularly in the schools context, prevention programmes have been introduced in the school curriculum, and teachers volunteer, or are assigned, to take on the role of HIV/Aids coordination in the schools. These teachers are exposed to additional stressors not normally encountered in the profession. Those that are involved, devoted and conscientious are particularly susceptible to burnout (Rudow, 1999). Motivated by social caring and helping motives, HIV/Aids coordinators are at risk for stress and burnout.

The present study focuses on HIV/Aids coordinator teachers in primary and secondary schools in Metros South and Central, Western Cape. Identified as a population at risk for stress and burnout, these teachers were exposed to transpersonal practices using holistic, energetic healing in the context of Capacitar workshops. Key aspects of the training include prevention, healing and transformation, popular education, multiculturalism and focus on social justice.

1.2 Background

Dr Pat Cane is founder and director of Capacitar International, a world-wide movement involved in trauma healing and transformation, which started in 1988. “Capacitar” is a Spanish word meaning, “to empower, to bring to life”. Dr Cane did not set out to establish an international organisation spreading healing practices through a popular education approach. She was originally involved in an art project in Nicaragua and was practising body work herself in order to calm down and help her cope with the work load. Her friends said: “Your art work is great, but when are you going to teach us how to do that? We want to learn ways to take care of ourselves in the midst of the violence in our lives” (Cane, 2000, p. 9). Dr Cane realised that her focus was incorrect and her doctoral dissertation, “Trauma healing and transformation: Awakening a new heart with mind, body, spirit practices”, resulted from her research efforts with trauma victims in the aftermath of Hurricane Mitch, Honduras.

Dr Cane was invited to South Africa in 2002 by the SA Catholic Bishops Conference to work with HIV/Aids caregivers. Dr Cane presented her multicultural popular educational approach

for the healing and transformation of struggling populations of the world, affected by traumatic events such as natural disasters, violence, disease and poverty. The intervention was introduced to professionals working in schools suffering from inadequate psychosocial resources by Berenice Daniels, Chief Education Specialist: Specialised Learner and Educator Support at the Metro South Specialised Support Unit, Department of Education, Western Cape. The Rotary Club of Newlands offered sponsorship for workshops.

These workshops are based on the popular education principles of Brazilian Paulo Freire, who started to work in the 1950s with silenced and oppressed people living in poverty. Voiceless and apathetic people are empowered in this approach to take charge of their lives through active participation, critical awareness and social analysis (Cane, 2000). The vision of “healing ourselves, healing our world” empowers individuals to process their own stress and trauma and, in a multiplier effect, be better equipped to help others. Using ancient and modern transpersonal practices, Capacitar integrates mind-body-spirit through the balancing and harmonising of energy in the individual, leading to family, community and societal healing.

After several years of extensive training by Dr Cane, the researcher took part in a Capacitar pilot project started in 2007 involving HIV/Aids coordinator teachers, social workers and psychologists in Metro South, Mitchells Plain. In these, transpersonal practices were used as a basis for healing. As a Capacitar trainer, the researcher facilitated these workshops, observing the high levels of stress suffered by professionals in this challenging environment. During the course of facilitation, the researcher experienced first-hand the effectiveness of the multicultural popular educational model of Dr Pat Cane in providing practical coping tools.

1.3 Research Question and Rationale

With the high rate of attrition, stress and burnout amongst professional staff, the Department of Education is searching for practical ways to assist teachers to perform optimally. The research question the study will attempt to answer is: Do transpersonal practices mediate burnout as a prevention intervention in the specified teacher population?

Levels of the burnout condition need to be established. Positive and negative factors about the intervention need to be elicited and possible areas of improvement in training uncovered. The research seeks to gain insight into the life-worlds of these teachers: Whether transpersonal techniques prevent stress and burnout, and how their experiences of these practices impact on

their lives. If professionals, such as teachers, can benefit from transpersonal practices in alleviating and preventing burnout, their physiological, cognitive and affective responses should be improved. Potential health consequences in the long term are broad, including the reduction of absenteeism due to sick leave, less resignations due to burnout and less susceptibility to infection, and in the case of those infected with HIV/Aids, prevention of a rapid progression of symptoms.

Early research on professional burnout focused mainly on organisational change, (Maslach & Leiter, 1997), with the focus shifting to individuals and their interaction with the environment (Leiter & Maslach, 2005). The work environment in relation to burnout has been described in four dimensions: psychological, structural, social and organisational/ bureaucratic (Talmor, Reiter, & Feigin, 2005). Psychological and social dimensions are addressed in Capacitar workshops. Alternative healing modalities to the one-on-one Western medical model, including an holistic and indigenous approach in groups, need to be explored as a solution to reach large numbers of people in a short space of time. The Department of Education is, indeed, faced with severe resource limitations - one psychologist and one social worker attend to the psychosocial needs of 155 000 children in a district metro (N. Jalamba, personal communication, May 22, 2009). There are seven metros in total in the Western Cape.

Practically, if Capacitar transpersonal techniques provide tools for prevention intervention for burnout, this model could be rolled out into South African schools in the future. Through a cascading training model, people who have few resources and little access to medical or psychological care can gain skills to deal with ongoing stress and challenges of life.

1.4 Purpose of the Study

Transpersonal practices in the Capacitar training model have been researched by Cane (2000) primarily in the trauma field, following life-changing events. Formal research in schools on stress and burnout using transpersonal techniques in Capacitar workshops has not been conducted in South Africa. The purpose of this study is to evaluate the effect of transpersonal practices on burnout among HIV/Aids coordinators. The study aims to establish whether transpersonal practices can mediate burnout of this teacher population at risk.

Specific goals to address the research aim and to guide the study are: To measure anxiety levels of HIV/Aids coordinator teachers as an indication of potential risk for stress and

burnout; to measure levels of personal, work and client burnout suffered by HIV/Aids coordinator teachers; to evaluate the impact of transpersonal practices as prevention intervention on anxiety, stress and burnout; to engage HIV/Aids counsellors in discourse about their experiences; to identify patterns and themes in their experiences and to make suggestions about what they regard as relevant to their coping needs; to identify any specific local issues relevant to their experiences in the South Metro which could act as a guide to shaping future interventions, and to use feedback from the study in the interest of HIV/Aids coordinator teachers as a population at risk for suffering from stress and burnout, and possibly influence future policy in the Department of Education for care and support.

Specifically, this study utilised a sequential, transformative multi-method approach to achieve these goals. A quasi-experimental pre- and post-comparative group design was used to evaluate whether transpersonal techniques mediated stress and burnout in HIV/Aids coordinator teachers. A quantitative study measured intervention group levels of stress and burnout, pre- and post-intervention. At the same time, the control group was assessed in a pre- and post-test phase. T tests were used to assess for differences between the means of two groups, thus determining whether the transpersonal intervention mediated burnout. In the qualitative analysis, a global analysis of focus group interview data was undertaken, post-intervention, with a sample of informants, presenting a consistent paradigm picture in the study, while gathering insights to probe personal impact of the training.

1.5 Research Summary

The purpose of a sequential transformative strategy is to employ the methods that will best serve the theoretical perspective of the researcher. By using two phases, the researcher aimed to give voice to diverse perspectives, to better advocate for participants, and to better understand the process that is changing as a result of being studied.

Transpersonal practices used in this research project in Capacitar workshops integrate mind-body-spirit with the use of subtle energy medicine. The gentle, non-invasive techniques take place in an environment of safety. The right, holistic, side of the brain is engaged and heart coherence helps the person to return to wholeness. This includes good physical health, emotional balance, mental clarity and spiritual well-being, which result from being in tune with one's own soul and the spirit of nature. Cane (2000) explains that healing involves a

deeper change in the whole system - from the person, their relationships, and their environment, down to cellular and energetic levels. As individuals heal, they in turn are able to reach out to their relatives, community and the larger world to bring wholeness to the human family.

In the schools' context, introducing teachers to transpersonal practices should not only facilitate connection between body, mind and spirit, but also equip them with a set of tools for use in the classroom. Emotional literacy, mental clarity, awareness of the body and spiritual connection are qualities which can be utilised in under-resourced and overcrowded classrooms, where discipline, violence and learning difficulties as a result of traumatic home and social environments are unfortunately a stark reality in many impoverished areas.

A group of teachers was recently exposed to transpersonal practices at Crystal High School, Hanover Park, in Cape Town, which is an area renowned for its gangsterism, violence and drugs. The school achieved only a 46% matriculation pass rate in 2008 and is being subjected to a Departmental investigation. One exhausted teacher said to the researcher, after resting in peace and calm in an informal workshop, set against the backdrop of violence amongst pupils: "Intellectually I know that I should calm down and show caring and respect to children, but I need to learn practically how to model this behaviour in the classroom when under pressure".

In discussing the mandate to exercise moral discretion regarding the purpose and representation of social inquiry, Lincoln (2005) describes the recreation of research in the image of democracy, care and social justice. It is not enough to be angered or saddened by the plight of exhausted and demoralised teachers. Positive action needs to be taken and it is the aim of this research project to analyse the effectiveness of a transpersonal intervention in helping to achieve democratic, caring and social justice aims, within the educational context of Metro South, Western Cape.

1.6 Overview of Chapters

Chapter One gives the context and background of the present study, examining the research question and rationale. The basis of Dr Pat Cane's trauma healing and transformation workshops in South Africa is outlined and the educational context in which training takes place is described. Study aims are delineated in the purpose of study. Chapter content is described, ending with a research summary.

Chapter Two presents a literature review, examining stress and burnout on an individual, organisational and work level, and the impact of various types of trauma – such as systemic, intergenerational, continuous and secondary trauma. The focus then shifts to stress and burnout affecting teachers internationally and in South Africa. The role of human consciousness is briefly considered. The current status of HIV/Aids is presented, with particular emphasis on the South African school context. A review of prevention intervention is also included.

Chapter Three gives theoretical background to healing in terms of transpersonal psychology and mind-body-spirit integration. Each element of body, mind, spirit is considered, as well as the integrating concept of energy. The importance of heart entrainment is discussed. Brain plasticity and its implication for healing and effect on multiculturalism are considered, with Eastern and Western interpretations being compared and contrasted.

Chapter Four studies the practical application of transpersonal practices in Capacitar workshops, with an explanation of the popular education, multiplier approach and an analysis of the primary, secondary and tertiary levels of prevention. The content of workshops is outlined, with a description of integrative practices.

Chapter Five describes the research methodology undertaken amongst HIV/ Aids coordinator teachers in Metro South and Central, Department of Education, Western Cape. Demographic details of the workshop and control group delegates are given, together with an outline of the mixed-methods research design, with both qualitative and quantitative data. An examination of validity and reliability of measures and the consideration of ethics are included, with a reflexive comment concluding the chapter.

The focus of Chapter Six is the presentation of results. Firstly, the quantitative data analysis of the study gives the results of the quasi-experimental pre- and post- within and between group comparisons. Measures used were Beck's Anxiety Inventory and the Copenhagen Burnout Inventory. Secondly, participant evaluation of the workshops in focus groups is presented in the form of qualitative global analysis, with mind maps, portraits, line sketches, memorandum of data and a collage of outliers. Themes are developed to provide additional insights into the impact of transpersonal practices on HIV/Aids coordinator teachers.

Chapter Seven presents a discussion of findings, analysis of themes, limitations of the study, recommendations for future theory development, intervention application, programme implementation and further research.

CHAPTER TWO

Literature Review

2.1 Introduction

Stress and burnout are relatively new constructs in psychology, researched by pioneers such as Selye (1956) and Maslach (1982). According to the “Oxford Dictionary of Psychology” (2003, p. 711), stress is defined as “the psychological and physical strain or tension generated by physical, emotional, social or economic circumstances, events or experiences that are difficult to manage or endure”. The word “stress” is shortened from “distress” and originates from the Latin, “strictus”, tightened and “stringere”, to draw tight. Burnout is defined as a failure to accomplish goals, a feeling of being unable to make a positive contribution, with needs for self-actualisation and self-esteem being unfulfilled (Pines, 1993).

2.2 Stress and Burnout

A common definition of stress adopted by psychologists is that it is a stimulus (Lazarus & Folkman, 1984a). Environmental events cited as stress stimuli are major changes, often cataclysmic and affecting large numbers of people, one or a few persons and daily problems. Individual stresses can be divided into personal and professional areas, each impacting on the other. While Cane (2000) has researched Capacitar techniques with major stress stimuli events, this study considers the personal and professional contexts of individual changes and daily hassles.

Increasing pressure in the workplace and in personal lives, such as economic hardships, family dysfunction and social conflict, can be termed stressors. These can lead to adverse lifestyle behaviours, such as excessive drinking, cigarette smoking, drug abuse and poor dietary habits. Prolonged or intense stress can have a negative impact on the individual’s mental as well as physical health, (Cooper, Dewe, & O’Driscoll, 2001). Physical and psychological symptoms of stress include coronary heart disease, ulcers and anxiety. Prolonged stress can lead to burnout, which is marked by exhaustion, loss of enthusiasm and inability to perform at optimum levels.

2.2.1 Impact on an individual level

Definitions of stress moved from the events themselves to individual reaction. Lazarus (1966, 1971) pointed out the limitations of describing stress in terms of physiological response while Selye (1974) described stress as the non-specific response of the body to any demand made on it. Gold and Roth (2003) defined stress as a condition of equilibrium within the intellectual, emotional and physical state of the individual. It is generated by one's perception of a situation, which results in physical and emotional reactions that can be either positive or negative, depending on one's interpretation. They also maintain that over time, high levels of stress can lead to serious health problems, such as burnout. This term was first used by Freudenberger (1974), who described symptoms as a compulsion to prove oneself; working harder; neglecting one's own needs; displacement of conflicts, not realising the root cause of the distress; revision of values, such as dismissal of friends or hobbies; denial of emerging problems, with cynicism and aggression becoming apparent; withdrawal, reducing social contacts, with possible alcohol or other substance abuse; behavioural changes become obvious to others; inner emptiness. These symptoms can lead to depression, exhaustion, depersonalisation, disillusionment, anger, discontent and personal dissatisfaction. His definition of burnout is someone in a state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward (Freudenberger & Richelson, 1980).

Maslach and Schaufeli (1993) refined the construct's measurement and meaning. The Maslach Burnout Inventory (MBI) has been applied as a burnout measure in more than 90% of empirical burnout studies in the world, which almost gives it monopoly status in the field (Schaufeli & Enzmann, 1998). The Copenhagen Burnout Inventory used in this study was subsequently released as a tool for the assessment of burnout (Kristensen & Borritz, 1999). It measures personal burnout, work burnout and client burnout instead of the classic Maslach and Schaufeli terms of emotional exhaustion, depersonalisation and reduced personal accomplishment. Kristensen, Borritz, Villadsen, and Christensen (2005) point out that the latter two terms should be measured, analysed and understood as distinct phenomena and not part of the burnout syndrome. Reasons for the new design are given later in more detail in Methodology, Chapter Five.

Taking into account theoretical considerations of burnout, the CBI has fatigue and exhaustion at the core. Kristensen et al. (2005) describe this as being in accordance with the historical development of the burnout concept. Schaufeli & Greenglass (2001)'s definition of burnout also focuses on physical, emotional and mental exhaustion, resulting from long-term involvement in work situations that are emotionally demanding.

Unmet needs have also been identified as essential in defining burnout:

Burnout is a syndrome which emanates from an individual's perceptions of unmet needs and unfulfilled expectations. It is characterised by progressive disillusionment, with related psychological and physical symptoms, which diminish one's self-esteem. It develops gradually over a period of time. (Gold & Roth, 2003, p. 41)

In the literature, organisational and professional burnout is well documented (Lazarus & Folkman, 1984b; Maslach & Leiter, 1997). The joy of success and thrill of achievement at work is described as being more and more difficult to attain, with emotional, physical and spiritual exhaustion eroding people's energy and enthusiasm. The relationship between burnout and work is viewed as a partnership, in which new tools and ideas are needed to make the relationship work better. Maslach and Leiter describe burnout as the biggest occupational hazard of the 21st Century, made up of lost energy, lost enthusiasm and lost confidence and consider that available resources should offer some way of clearing the mind of cynical, discouraging thoughts.

Practically, in considering how to counter burnout, key areas for improving the relationship with work are identified: Workload, which is the amount of work, pace and demands of the job; control, which is the authority exercised over the job; reward, in terms of achievement and support; community, which involves the people encountered in the job, such as clients, bosses and co-workers; fairness, which is how you treat and are treated by others and values, which involve how closely the personal and company values fit together (Leiter & Maslach, 2005).

In each area, the authors suggest defining the problem, setting objectives and taking action. Part of the taking-action plan for workload is resilience, which is described as combating the most definitive and debilitating quality of burnout: Exhaustion. Although improving resilience

does not necessarily make one immune to all work demands, it does increase the range of challenges, disappointments and tough situations which can be endured. Even more important, the systems put into place to increase health and perspective set the foundation for taking control of work life (Leiter & Maslach, 2005).

Self-awareness is an important aspect of stress and burnout; as soon as individuals start to identify their own perceptions of the threat to them, including symptoms of unmet needs, the sooner the process can start to be reversed. Indeed, the very symptoms that lead to debilitation can be turned around to fire up one's life positively, rather than causing burnout and negatively reducing one's life metaphorically to ashes. All three aspects of a person's health – intellectual, emotional and spiritual – need to be considered in the recovery process. "Stress involves all of an individual. This is one of the reasons it can be so destructive to us – our entire being is affected" (Gold & Roth, 2003, p. 17).

In a study of burnout across 13 cultures, stress and coping were examined in child and youth care workers. Themes evolving from the analysis were: proximal environmental conditions; examination of coping styles; and consideration of the cultural context of burnout (Savicki, 2002). Environmental conditions are social support, work structure and job enhancement. A strong finding by Savicki was that lowered social support relates to higher burnout; the intensity and organisation of the workload are also related to higher burnout. Increases in the opportunity for workers to take control of their work and learn and apply new ideas are related to lower levels of burnout.

Coping style, which forms an enduring approach to appraising and dealing with stressors, tends to be more pervasive and characteristic of the individual than the specific situation. Escaping from unpleasant feelings associated with a stressful situation has been strongly linked to high levels of burnout (Savicki, 2002). Immediate, short-term relief is provided with avoiding coping styles, but this is "seductive" (Savicki, p. 179), leading the individual to a negative self-evaluation with regard to self-efficacy or ability to impact his/her working life. Control, or problem-focused coping, attempts to change the sources of stressful situations and has been strongly linked to low levels of burnout, and to higher levels of personal accomplishment. A personal sense of efficacy and optimism develops with repetition of successful problem-focused coping (Savicki).

Another theme is cultural conformity. If an individual has to deviate from cultural norms, then he/she is likely to be at risk for burnout (Savicki, 2002). In South Africa, with 11 official languages and a wide diverse population living in both third and first world conditions, people at risk of having to deviate from their cultural norms are vulnerable to suffering from burnout, and unique challenges are posed for those working with and researching burnout in a cultural context.

A qualitative approach is adopted by Cherniss (1995), who spends a great deal of time probing the personal cognitions and behaviours of individuals as keys to burnout. Self-efficacy is important for recovering from or preventing burnout. This quest for meaning is described by Savicki (2002) as striking an existential chord. He states the emphasis on recovery clearly focuses on the individual, since both physical and psychological damage may have occurred. However, both remediation and prevention can be applied to both individuals and organizations. Strategies for developing engagement with work are those that enhance energy, involvement and efficacy (Maslach & Leiter, 1997).

In considering burnout and coping, change of motives, value orientations and attitudes can be a focus. The process of purpose generation is central to overcoming the crisis of burnout. If conformity between personal motives and action goals is not restored, the crisis can grow (Savicki, 2002).

According to the Institute of Transpersonal Psychology (ITP) (2008), the use of non-ordinary states of consciousness, deep insight and spiritual practice for healing can be used effectively in the overcoming of burnout amongst caring professionals. This approach is also suitable for those who are in spiritual emergence. The ITP states that many professional psychologists are beginning to recognise the importance of knowledge of spirituality and how it interfaces with psychology. In considering the nature of the service profession, Davis (2000) believes that deeper caring and more emotional and transpersonal involvement between professionals and those being served will reduce burnout and promote growth in both those being cared for as well as caregivers.

2.2.2 Systemic trauma on an organizational level

We are living in an age of anxiety, caught between a sense of impending apocalypse and an inability to acknowledge it. This results in “despair work”, which is similar to grief work in

the acknowledgment of inner pain (Macey, 1991, p. 16). “Despair” can result from significant global challenges, such as fires, catastrophic floods, global warming, food shortages, water pollution and scarcity, violence and political upheaval (Cane, 2008a).

Working in Nicaragua’s multiply-wounded society, Cabrera (2002) observed that permanent stress leads to loss of ability to make decisions or plan for the future. Personal change is central to organisational processes, as there is no social change without personal change. As a result of this insight, developmental projects in Nicaragua have focused on four major areas: the personal sphere, where crisis, wounds, health, the conception of healing, life style and holistic health are considered; historical-cultural approach, attempting to understand how personal life is marked by the country’s historical and national culture, followed only then by organisational and developmental approaches.

Systemic trauma is perpetuated by structures based on differences of race, gender and class, which disempower large numbers of people (Watkins, 2009). Central issues in liberation psychologies include social and economic justice, hunger and poverty, representation and censorship, resistance and repression, violence and mediation. Research should engage in collaborative, participatory explorations to benefit communities involved. Within the organisational development literature, Pawelski and Prilleltensky (2005) recommend an approach to wellness that attends to the various subjective, objective, personal, relational and collective domains at once.

Energy patterns of universal consciousness are also relevant to systemic trauma. Eighty-five percent of people on the planet calibrate below 200, which is the average level of human consciousness, filled with emotions like shame, guilt, apathy, grief and fear (Hawkins, 1995). Only 4% of the world’s population calibrates at an energy field of 500 or above, characterised by love, joy, peace and enlightenment. The main obstacle to the development of human consciousness is the lack of knowledge about the nature of consciousness.

After 20 years of research measuring energy fields of many different items, studying the relationship between attractor fields and human behaviour, a practical map of these fields of consciousness has been developed by Hawkins (1995). These different processes of consciousness include emotions, perceptions, world-views and spiritual beliefs. At the level of love, for example, the God-view is loving, the life-view is benign, the emotion is reverence

and the process is revelation (Cane, 2000). Love is a state of being which is unconditional, unchanging and permanent. It is inclusive and expands the sense of self progressively, focusing on the goodness of life and dissolving negativity (Hawkins).

2.2.3 Societal intergenerational trauma

Describing the importance of collective healing and the assumption of personal responsibility, Cabrera (2002) asserts that multiply-wounded societies run the risk of suffering from intergenerational trauma. This is felt by those who come into contact with sufferers of previous traumas, which is highly relevant in South Africa, where suffering from years of apartheid and injustice is being felt and manifested by later generations born into democracy.

This research project is placed in the context of teachers working in post-apartheid conditions in South Africa, where factors of poverty, crime, violence, drug abuse and child neglect have been present in schools and wider society for multiple generations. The impact of stress, burnout and multiple types of trauma in teachers needs to be taken into consideration in any approach to healing. Finnigan (1994, p. 22), for example, graphically described the lack of facilities at Grassy Park High School:

There was no auditorium, no gymnasium, no cafeteria, no book lockers, no language labs, no heat. The “sports ground” was a glass- and rock-strewn horse pasture; the library owned fewer books than I do. The classrooms were full of broken windows, broken lights, decrepit desks, and yawning holes in the ceilings.

Societal intergenerational trauma symptoms can manifest as post-traumatic stress disorder, with fight-flight responses characterised by strong physiological reactions such as alertness, fast breathing, increased blood pressure and heart rate and decreased activity in digestive, reproductive and immune systems. As described in the “Diagnostic and Statistical Manual of Mental Disorders” (DSM-IV-TR), (American Psychiatric Association, 2000), this is now seen as a common disorder, when a person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; the person’s response involved intense fear, helplessness or horror.

The responses to stress and trauma are best understood as a spectrum of conditions rather than as a single disorder. Herman (1997) suggests a new term for sufferers of prolonged, repeated

trauma: complex post-traumatic stress disorder. Responses range from a brief stress reaction that gets better by itself and never qualifies for a diagnosis, to classic or simple post-traumatic stress disorder, to the complex syndrome of prolonged, repeated trauma. Apart from societal totalitarian systems (as in South Africa under apartheid), examples include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organised sexual exploitation.

Some of these conditions were present in Metros South and Central, in the lives of both teachers and children who experienced repeated violence and abuse. Symptoms include alterations in self-perception such as: sense of helplessness or paralysis of initiative; shame, guilt, and self-blame; sense of defilement or stigma; and a sense of complete difference from others. These conditions depict a level of acceptance that can be referred to as a state of shock, which is extremely severe trauma, characterised by the acute levels and magnitude of adrenal activation and debilitation. The history of shock in our lives, families, and our culture is carried in our sometimes unconscious memory and this accumulating effect is its danger, posing a threat to our health and well-being. It needs to be exposed, addressed, understood, and released on both a collective and personal level (Mines, 2003).

2.2.4 Other types of trauma

Continuous traumatic stress disorder is a result of repetitive rather than one-time events. Symptoms from developmental traumas which originate from childhood experiences can remain dormant, accumulating over years or even decades (Levine, 1997). Vicarious, or secondary trauma, also known as compassion fatigue, can affect individuals in the caring profession, such as counsellors, psychologists, teachers and policemen, who are exposed to traumatic events on a secondary level. Sufferers of secondary trauma can have the same symptoms as persons who have directly survived a traumatic event. These include physiological reactions, like social withdrawal, chronic depression and anxiety, substance abuse, survivor guilt and unresolved grief, along with feelings of powerlessness, ineffective personal relationships, crisis of faith, mistrust, pessimism, cynicism and aggression (Cane, 2000).

Trauma is viewed as a gateway to transformation by Finley and Myss (2009), who believe that to deal with trauma, it is necessary to deal with its origin – disconnection from spiritual

experience. Suffering and liberation are part of an authentic spiritual life. These aspects of recovery from trauma are addressed by the transpersonal approach to healing.

2.2.5 Job-related stress and burnout

The majority (70% - 90%) of all visits to the doctor in the USA are stress related (Goleman & Lantieri, 2008). According to these authors, a recent 10 year study found people unable to manage stress have a 40% higher death rate than non-stressed individuals. While burnout is not a recognised clinical, psychiatric or psychological disorder, there are some similar features between burnout and diagnosable conditions such as depression, anxiety disorders or mood disorders. However, burnout is much more common; for example, 25% - 60% of practising physicians in the USA experience burnout (Scott, 2008a). It is less severe than other conditions, more temporary in duration, and caused by situational stressors rather than a biologically mandated chemical imbalance. Classic symptoms include: depleted physical energy; emotional exhaustion; lowered immunity to illness; less investment in interpersonal relationships; increasingly pessimistic outlook; and increased absenteeism and inefficiency at work.

In the workplace, factors contributing to stress and burnout include job structure such as unclear or impossible work requirements; high stress with no downtime; dire consequences for failure and lack of personal control or recognition from management (Scott, 2006). Unhealthy life style features can lead to burnout, such as lack of social support and not enough leisure time. Psychological features include individual personality traits such as perfectionist tendencies, pessimism, excitability, type A personality, impatience or free-floating hostility, poor fit for the job and lack of belief in abilities. Protective factors for causes of burnout in the workplace are high possibilities for development, high predictability, high role clarity and low role conflicts. Burnout is preventable, which is important for the reduction of sickness leading to absenteeism (Borritz, 2006).

2.2.6 Teacher stress and burnout

Teaching is an emotionally and physically demanding profession. Contributing factors to teacher stress include isolation, resulting from working alone in the classroom, and scheduling constraints which make meeting time with peers difficult, role conflict and role ambiguity, sense of powerlessness, and both physical and mental exhaustion (Wood & McCarthy, 2002).

In a study of over 400 teachers in Cyprus, both personality and work-related stressors were associated with burnout dimensions. Neuroticism was a common predictor of all dimensions of burnout. Managing student misbehaviour and time constraints were found to systematically predict dimensions of burnout. It was concluded that individual characteristics, as well as job-related stressors, should be taken into consideration when studying the burnout phenomenon in teachers (Kokkinos, 2007).

Low self-efficacy was found to precede burnout in a study of the relationship between self-efficacy, job stress and burnout among teachers. It was found that further research needs to study intervention mechanisms to strengthen teacher self-efficacy as a protective resource factor. “General self-efficacy aims at a broad and stable sense of personal competence to deal effectively with a variety of stressful situations” (Schwarzer & Hallum, 2008, p. 154). This present study seeks to measure the effect of transpersonal interventions as a protective resource factor for self-efficacy.

Research into stress and burnout clearly indicates that, in the organisational context, there are environmental antecedents of burnout, such as role ambiguity, work overload, disruptive students, and amount of red-tape, which can trigger the stress and burnout response (Schwarzer & Hallum, 2008). The focus of the present study is on individual strategies to improve, for example, self-efficacy, energy and attitudes to strengthen personal coping skills. The intervention goal is to equip teachers not only to survive better, but even to flourish in challenging circumstances.

Helper motives, as opposed to pedagogical or subject-orientated motives, dominate in teachers who are susceptible to burnout and those who volunteer as HIV/Aids coordinators in schools are particularly at risk. In a study of HIV/Aids and burnout, health worker stress has been found to revolve around staff fears, issues of association, professional and role issues and stigma, discrimination and ethical issues (Miller, 2000). Information gathered in the field should revolve around well-being, work conditions and stress responses, all of which have usable indices that can be measured before and after supportive interventions have been put in place.

South African research on factors affecting teaching and learning in relation to HIV/Aids found that most educators living with the disease work in the poorer provinces, which have an

inadequate financial base, large classes, longer formal contact time and low matric results (Phurutse, 2005). The educational implications are serious, with educators being under increasing pressure, resulting in inadequate facilities for learners. Indeed, South Africa cannot allow its workforce of teachers to be depleted by HIV/Aids, as the consequences will not only harm current learners, but will be inherited by future generations, intensifying poverty and social stagnation (Burger, 2008).

As HIV/Aids coordinators, teachers have the added pressure of assisting with the psychological aspects of children with HIV/Aids. This is an area which has been grossly neglected ("Family Health International", as cited in Beetge, 2007). Themes relating to the psychological aspects, such as the coping of children with the disease, their perceptions and psychological needs, have not been adequately addressed in South Africa.

Faced by these challenges, educators need resources to cope. Research and theoretical findings involving environmental and individual factors causing burnout among helping professionals suggest the following to avoid burnout: Development and application of stress reduction techniques; awareness of environmental factors and use of time-outs and social supports; development of self-evaluation and goal setting skills; training in detached concern; attributional training in explaining therapeutic success and failure, and clarification of expectations and beliefs about counselling (Savicki & Cooley, 1982).

In South Africa, a study by the HSRC (2005) found 10.6% of educators had been hospitalised in the previous 12 months. Another indication of educators' health status was that at least 75% had reported a visit to a health practitioner in the six months before the study. The most frequently reported diagnoses in the last five years before the study were stress-related illnesses, such as high blood pressure (15.6%), stomach ulcers (9.1%) and diabetes (4.5%).

South African research has found that teachers need emotional-social competencies to cope with the pressures of teaching. The competencies reported are empathy, assertiveness, optimism, self-awareness, reality-testing, social responsibility, flexibility, impulse control and stress tolerance (Van Wyk, 2006). Training in emotional-social competencies is recommended to relieve pressures which could lead to stress and burnout.

In a study of the role played by hardiness and attributional style in the dynamics of stress and coping processes among teachers in South Africa, it was found that subjects high in hardiness

generally use more transformational coping than subjects lower in hardiness. It was also found that subjects high in commitment, a sub-component of hardiness, were more likely to have an internal locus of control (Leon, 2000).

Additional factors have been found by Gold and Roth (2003) to assist teachers to feel better: stronger coping mechanisms, communication skills, interpersonal relationships, emotional security, intellectual stimulation and a balance between professional and personal satisfaction. These authors offer a professional health solution, which considers physical-emotional, psycho-social and personal-intellectual well-being.

Research reveals the importance of at least one caring and supportive adult who believes in the worth of a child and acts as a steady anchor to never give up on them (Goleman & Lantieri, 2008). There are five core competencies in emotional intelligence: Identifying personal thoughts, feelings and strengths; social awareness of others' thoughts and feelings; self-management in the handling of emotions; responsible decision making and relationship skills, such as resolving conflict and establishing healthy and rewarding connections (Goleman & Lantieri).

The importance of heart in a compassionate approach to healing was recognised by Montgomery (1991) in her study of the care-giving relationship in nursing. This caring becomes a self-enhancing way of being, and helping to heal others also heals the caregiver's heart, thus preventing burnout. Heart coherence (Pearce, 2002) is considered in more depth in Chapter Two, Transpersonal Healing.

2.3 HIV/Aids Impact

Statistics reveal that HIV/Aids is affecting the lives of millions, including parents, educators and learners. Just as solutions to burnout need to address all aspects of a person's well-being, so HIV/Aids needs a balanced approach, especially in the classroom, taking into account challenges from emotional coping to psychological, health-related, social and pedagogical issues that teachers have to deal with (Woods, 2008).

2.3.1 Global and Southern African statistics

According to the World Health Organisation (Unaid, 2007), over 6 800 persons become infected every day globally with HIV and over 5 700 persons die daily from AIDS, mostly

because of inadequate access to HIV prevention and treatment services. The HIV pandemic remains the most serious of infectious disease challenges to public health. In the regional overview, Southern Africa is most seriously affected.

This subregion accounted for 35% of all people living with HIV and almost one third (32%) of all new HIV infections and AIDS deaths globally in 2007. National adult HIV prevalence exceeded 15% in eight countries in 2005 (Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) (Unaids, 2007).

South Africa is the country with the largest number of HIV infections in the world (Unaids, 2007). There are 5.6 million people in South Africa infected with HIV/Aids, with an estimated 3.4 million orphans between the ages of 0–18. The impact is being felt in the classroom, with either empty desks as absent and uncared for children do not come to school (Woods, 2008), or with traumatised, neglected and bereaved children coming to school, being adversely affected by the increasing mortality rates of teachers.

The average number of educators in the system has declined over the past decade (HSRC, 2005). Attrition (total loss) in the educator workforce fluctuated over a prolonged period from 9.3% in 1997/8, declining in 2000/2001 to 5.5%, rising again to 5.9% in 2002/2003. The three largest causes of attrition are contract termination, resignation and mortality. However, excluding contract termination, the proportion of attrition due to mortality (all causes) increased from 7.0% in 1997/8 to 17.7% in 2003/2004. The proportion of attrition due to medical reasons grew from 4.6% to 8.7% over the same period. A nationally represented sample of 83% of educators, found 12.7% are HIV/Aids positive, with African educators most likely to be positive compared with other groups. According to an Unaids report (2008), this figure has risen to 21% nationally, while the most recent research indicates that 10 teachers are dying of HIV/Aids daily on a national level (SADTU Report, 2009).

The impact of HIV/Aids on society has been described as arriving in three waves: initially there is the illness, depression and stigmatisation due to infection. Then there is the trauma and economic consequences of death. Finally there is the societal burden of large numbers of orphans (Western Cape Education Department (WCED) 2008). Recent research confirms another “three wave” scenario with implications for education and the Western Cape economy (Markinor, 2008). Initially HIV affected mainly homosexual men, then secondly low-income

rural and township heterosexuals; but now a third wave is beginning to strike at affluent and economically productive professionals – with teachers being at risk in this category.

2.3.2 HIV/Aids in education

It is claimed that all 15 year olds are HIV negative, yet by 30 years of age one in four South Africans is HIV positive. An estimated three quarters of all new infections occur in young people aged 15 to 25. South Africa has a chance of curbing the epidemic if young people can be kept free from HIV – and the best time to start is before they become sexually active, whilst still at school (WCED, 2008). South African research reveals earlier sexual activity than that reported by the Department of Education. More reported infections occur within the sexually active youth than in younger or older groups and the group at a high risk of infection is between the ages of 13 and 15 in boys and even earlier in girls. Results further showed that learners engaged in high risk sexual behaviours and only 19.4% considered using a condom during sexual intercourse (Buga, Amoko, & Ncayiyana, 1996),

While the majority of prevention programmes has been ABC – abstain, be faithful and condomise – the WCED’s preferred lifestyle message in the Western Cape for adolescents is DRP – delay, reduce (the number of partners) and protect (by using condoms, avoiding risky situations, including alcohol and drug abuse). Although HIV/Aids is fuelled in the Western Cape by disproportionately high levels of TB, syphilis and methamphetamine (tik) abuse, the epidemic in this region is reported to be less mature than in other provinces in South Africa. The WCED’s HIV/Aids Life Skills strategy reflects the provincialisation of the national government’s educational strategy for HIV/Aids (WCED, 2008).

The WCED’s five strategic programmes that circumscribe the scope of its holistic HIV/Aids response are: (a) Mainstreamed curriculum programme, where a classroom-based HIV/Aids and sexuality lifestyle programme is implemented from Grades R to 12 within Life Orientation; (b) mainstreamed Care and Support Programme led by Specialised Education Support (especially psychologists and social workers), with schools becoming hubs of care and support for vulnerable children; (c) school-based HIV/Aids leadership, management and governance programmes; (d) peer education, with structured adolescent-to-adolescent teaching and (e) workplace HIV/Aids programme, focusing on the needs of adult educators (WCED, 2008).

The training of educators as HIV/Aids coordinators is to equip them with appropriate knowledge, skills, attitudes and values so that they can transfer these to learners. Duties include attending cluster meetings; the administration of the learner academic programme, implementation of awareness programmes; liaising with learners and parents, and care and support to those infected and affected by HIV/Aids. (N. Jalamba, personal communication, June 11, 2009). The toll these responsibilities bring to teachers in general and HIV/Aids coordinators in particular is described by Woods (2008):

Warnings about the potential effect that the pandemic will have on the quality of education somehow do not capture the genuine trauma and despair of teachers who are trying to carry on despite the severe emotional, financial, social, psychological, health-related and pedagogical challenges they have to deal with. (p. ix)

Stressful situations suffered by teachers in the European educational context are “light years away from South African reality” (P. Cane, personal correspondence, October 1, 2009). The significance of this study is that, to date, no research has been conducted in the South African educational context on the impact of transpersonal practices in addressing the overwhelming needs of HIV/Aids coordinator teachers. Transpersonal wellness techniques, if shown to be effective, can be used in all five strategic programmes listed above: As part of care and support for educators, in the classroom as part of life skills teaching; with peer education, in administrative functions and as tools for psychologists and social workers.

2.4 Prevention Intervention

Prevention intervention has become an advanced research science since Gerald Caplan (1964) applied the concept of prevention to mental health problems and introduced a threefold typology of prevention: Primary, secondary and tertiary prevention. Cowen (1977) described progress in this field as making strides of advancement from baby steps, with more rigorous standards. He suggested two criteria which primary prevention intervention measures should meet: They should be intentionally designed to reduce dysfunction and promote health before the onset of disorder and they should be population focused – either targeted to the whole population or to subgroups with known vulnerabilities. Gordon (1983) proposed an alternative three fold classification: Universal prevention, which is offered to all based on evidence of

providing benefits to everyone, outweighing costs and risks of negative consequences; selected prevention, targeted at populations who are at heightened risk for a disorder, and indicated prevention aimed at those who have a vulnerability for a disorder but who are currently asymptomatic. In America, the prevention of mental, emotional and behavioural disorders has resulted in randomised prevention trials which test defined interventions with elaborate statistical analyses to expand programmes or improve outcomes (O'Connell, Boat & Warner, 2009). An example of such a prevention intervention measure is a school-based violence prevention programme which achieved 25% – 33% reduction in base rate of aggressive problems in an average school (Wilson & Lipsey, 2007).

Prevention intervention is part of the community psychology focus on inclusion of diverse groups and issues, such as power, oppression and liberation (Nelson & Prilleltensky, 2005). Not wanting to change disadvantaged individuals so that they can better adjust to unjust social conditions, community psychology involves working in partnership with disadvantaged communities to bring about social change. In the context of the present study, transpersonal techniques in Capacitar workshops create a psychological sense of community, related to the values of caring, compassion and support for community members. With social change stemming from supportive relationships, not just material resources, factors such as emotional support, guidance, tangible and financial support and socialisation are enhanced (Sarason, 1974).

Looking at the concept of collective well-being, Nelson and Prilleltensky (2005) consider community capacity and social capital. The qualities of the communities are related to the well-being of individuals. By assisting in the prevention of stress and burnout, Capacitar workshops can help build social capital, including the establishment of community training organisations, civic participation, community identity and norms of trust and mutual support. “The development of community capacity and social capital through community development and social policy formulation is important for the promotion of collective well-being” (Nelson & Prilleltensky).

2.5 Chapter Summary

The constructs of stress, burnout and trauma were examined, with a focus on individual and organisational burnout and, specifically, teacher stress and burnout. The impact of HIV/Aids was also considered globally, in Southern Africa and in the schools' context. Advances in prevention intervention were considered in individual and collective well-being.

CHAPTER THREE

Transpersonal Healing

3.1 Introduction

“Happiness is not all in the mind. As a state of subjective well-being, happiness not only involves a positive way of thinking and acting but also is, at its core, a body-felt sense of well-being, that is, pleasure” (Resnick, Warmoth, & Serlin, 2001, p.81). The transpersonal psychological approach to healing, which is taught through popular education in Capacitar workshops, is based on this body-felt sense of well-being, with the concept of body-mind-spirit integration through energy flow achieving a holistic state of being. Wounds and negative patterns can be transformed into valuable resources. Jung (1959) contends that we carry an archetype of wholeness within us, which is constantly at work to bring us to fullness and self-realisation. For Maslow (1959), the self-actualised person is someone whose basic survival needs have been met and who is able to move further into a creative process of realising his/her full potential. Capacitar workshops set out to serve as a resource for stress reduction and prevention intervention for burnout with the use of integrative, calming, self-empowering techniques based on transpersonal psychological principles.

3.2 Background

Transpersonal psychology focuses on the essential self. “Trans” comes from the Latin, meaning “beyond and through”, “persona” means “mask or personality”. The transpersonal basis of Capacitar workshops is centred around the experience of spirituality and self-transcendence. Aligned with positive psychology, or psychofortology, the emphasis is on health, supported by psychoanalytic, existential and humanistic theories.

Transpersonal psychology is based on the work of Jung, Frankl, Maslow and Assagioli, who emphasised wholeness and well-being. These theorists implicitly or explicitly acknowledged two overlapping processes of growth: The emergence of personality and the alignment of that personality with a transcendent, spiritual centre (McLafferty & Kirylo, 2001).

According to the ITP (2008), the term originated in the work of Carl Jung, who coined “transpersonal unconscious” as a synonym for the “collective unconscious”, which he identified as the source of life and vitality:

Like psychoanalysis, transpersonal psychology examines the dynamic relationship between the conscious and unconscious process; however it also focuses on the role of the unconscious in spiritual development. Like behaviourism, it researches human action as well as measurable and observable behaviour; however transpersonal psychology also emphasises the centrality of consciousness and the mystery of the inner world. Like humanistic psychology, transpersonal psychology affirms the potential for self-growth and change; however, it also investigates how people transcend the ego and “normal” psychological health to understand our connection with wider aspects of human life, psyche and cosmos. (ITP, 2008, p. 8)

Maslow’s research in the 1950s was the key stimulus in the development of transpersonal psychology. He argued that the highest of human possibilities have been ignored and that the growth-orientated nature of the human psyche needs to be studied rather than mental illness and pathology. He turned the focus on aspects such as peak experiences, inspired creativity and other experiences, where the self or identity is transcended.

While being a powerful force in American psychology in the 1960s and 1970s, the humanistic movement has lost impetus, described by Elkins (2009) as once a “powerful symphony, building towards a culture-shaking crescendo...The symphony hall is notably quieter and the orchestra plays to a much smaller audience”(p. 268). Despite the fact that some mainstream psychologists think of the movement as non-scientific, promoting a cult of narcissism and a thing of the past, Elkins encourages humanistic psychology to enthusiastically embrace its maverick tradition and become even more outspoken in confronting what he sees as “the disastrous directions of contemporary mainstream psychology” (p. 270). Challenging right wing conservatism and both political and religious attacks, Elkins questions whether “tough minded”, “unsentimental” and “ruthless, cold logic” need to accompany “hard science” (p.277). Supporting psychology as “an independent scientific discipline”, with mainstream psychology drawing on many psychological theories and areas of research, Graziano and Raulin, (2010, p.19) defend this scientific base, describing human perceptual systems as limited, biased and subject to many types of distortions. These authors also believe the public need to be protected from the pseudoscience of psychology.

The Association of Humanistic Psychology (AHP) (2010) and Association for Transpersonal Psychology (ATP) (2010) recently described their collective resonance to benefit realisation of the ATP mission: to promote eco-spiritual transformation through transpersonal inquiry and action:

Recognizing the reciprocity inherent between our actions and our world, the ATP is dedicated to encouraging and enhancing practices and perspectives that will lead to a conscious, sustainable, co-evolution of culture, nature, and society. ATP is dedicating itself to promoting a vision of the universe as sacred. (Wochholz, 2010)

Values encouraged by ATP include: spiritual democracy; rigorous inquiry into the multiplicity of techniques, disciplines, and methods for exploring spirituality and traditional cultural practices; and recognition of how the sacred exists in all experience.

Four positions in personal development have been compared: The instrumental self, dealing with mental ego, involving the analyst, physician; the authentic self, dealing with the ego extending process, with the healer being a growth facilitator; the transpersonal self-1, involving ego reduction on the subtle level, with the helper being an advanced guide; and the transpersonal self-2, causal level dealing with enlightenment, with the helper being a mystical Buddhist or Christian mystic (Rowan, 2003). Working at the subtle level (transpersonal self-1), the healer is working at the level of the soul:

At this level we are at last out of the skin-encapsulated ego and our defensiveness has gone down by another notch. We can genuinely let go of our boundaries and be with another person's soul (as some people would say, heart to heart). This goes well beyond the usual definitions of empathy and is more like what Rosemary Budgell has called *linking*. It is a new kind of being, which allows therapy to go much deeper, and to touch the soul...Therapy at a transpersonal level is more about being than about doing. (Rowan, 2003, p.226)

Therapy does not usually take place at the deepest causal level, which Rowan (2003) describes as the deep water of spirituality, as here there are no problems, symbols or images, and clients usually want their problems taken seriously. The ITP (2008) describes modern times as experiencing a resurgence of interest in spiritual traditions and meditative, contemplative

practices. For the first time in human history, esoteric teachings of the world's religions are widely publicised and taught to the general public. Eastern spiritual practices, like meditation and mindfulness, are now used in the West, not only by individuals and spiritual communities, but also within more traditional social settings, such as hospitals and business meetings.

This integrative, rather than reductionist view, sets out to develop human beings in all aspects of existence: emotional, spiritual, creative, rational and intellectual. The rationalistic and scientific approach to health has overshadowed this focus on ancient wisdom and spiritual traditions, resulting in a specialised but fragmented view of the human experience. The importance of spirituality in psychology has, however, been recently recognised. The fourth revised edition of the DSM-IV-TR, (American Psychiatric Association, 2000, p. 731) includes a diagnostic category "religious or spiritual problem" under the heading "Other Conditions that may be a focus of Clinical Attention". A Transpersonal Psychology Section was established within the British Psychological Society in 1996.

Dialectical behaviour therapy, now widely used in mental health settings, especially regarding borderline personality disorders, draws on transpersonal practices such as Zen meditation and philosophy, as well as conventional cognitive-behavioural therapy, without explicit use of Zen terms (Hayes, Follette, & Linehan, 2004). Japanese Morita and Naikan therapies have adapted Buddhist-originated practices of meditation, self-reflection, retreat and skilful action to a non-sectarian and spiritually attuned psychotherapy approach. Insights from existentialism, Taoism and Zen challenge prevalent types of interventions bound to rigid rules, roles, diagnoses and prescriptions (Canda, 2008). "In contrast to expert interventionism, mindful and open-hearted style of practice has an affinity with the social work strengths perspective and positive psychology" (Canda, p. x).

Studies of transpersonal integration have emerged from USA, Europe and Africa. Cane (2000) supports the theory that body-mind-spirit practices promote the healing of traumatic stress. Her wellness workshops, which form the basis of this research project, are facilitated in over 35 countries around the world, especially in third-world conditions.

Transpersonal psychology, notably psychosynthesis, has also been used in programmes addressing burnout prevention (Van Dierendonck, Garssen, & Visser, 2005). The term psychosynthesis, coined by Assagioli, addresses both the process of personal growth in

personality integration and self-actualisation, as well as transpersonal development. This dimension, described by Maslow (1959) as peak experiences, comprises inspired creativity, spiritual insight, and unitive states of consciousness. In addition, psychosynthesis recognises the process of self-realisation, of contact and response with one's deepest callings and directions in life. This can involve personal and transpersonal development. Research results showed that a psychosynthesis-based prevention programme might be an effective instrument in reducing burnout and enhancing happiness, emotional intelligence and feelings of spirituality (Van Dierendonck et al.).

Cane (2000) points out that most mind/body research applies to improving wellness and quality of life for middle-class Americans. The research, therefore, fails to consider the conditions in alternate cultures and settings. An holistic and indigenous approach of mind-body-spirit integration is needed in the context of Africa. Eagle (1998) suggests the integration of Western and indigenous South African systems of healing in working with the traumatised. Indigenous healing systems, located within African cosmology, can act to complement and supplement conventional Western psychotherapeutic interventions. In promoting an holistic approach, indigenous healing practices may reach under-resourced communities and create the conditions for personal and community integration. Some (1999) underlines the importance of nature, ritual and community in the indigenous healing practices of Africa – elements which are integral to the transpersonal practices taught in Capacitar workshops.

Recent South African research has focused on specific transpersonal interventions, such as yoga and breath mindfulness relaxation. A yoga intervention for HIV/Aids caregivers at Holy Cross Hospice, Emoyeni, Zululand, for example, was found to be effective, with many of the caregivers reporting noted improvements in their stress levels and psychological well-being (Williams, 2005). Schatz (1992) elaborates that regular practising of yoga can help to counteract the negative effects which stress has on the immune system and help to facilitate a relaxed state.

In a study of the breath mindfulness relaxation method in treating depression symptoms in HIV/Aids lay counsellors, it was found from statistical analysis of the data that in comparing the breath mindfulness relaxation method and information sharing, the intervention of breath mindfulness relaxation method was more successful than information sharing in treating

depression symptoms (Lekalakala, 2007). Given this transpersonal psychological focus of recent South African research, this study is relevant in examining the theoretical and practical application of these practices in the context of teacher burnout.

3.3 Body-mind-spirit Integration

Transpersonal psychology assists in an individual's growth process by facilitating a shift in energy and self-healing. This is done through body work, where simple techniques, such as acupressure, release trauma from the tissues and assist in restructuring them in consciousness. As the person experientially starts to feel calmer, unhealthy emotional patterns and blocked energy centres are released.

Capacitar, which embodies transpersonal psychology, contends that a permanent, perfect inner self is the true identity, not the temporary body or personality. People sometimes do not connect with this true inner self because it is not tangibly visible. The inner, spiritual connection is often achieved holistically through the body which, with its energy systems, is the manifestation of human nature. Through the Eastern medical model, a holistic and integrative view of the body is adopted using, for example, Chinese meridians and Indian chakra energy centres. Transpersonal integration involves mind, body and spirit being aligned. When integrated, the personality acts as the vehicle through which the soul manifests its purpose and destiny. A distinction is sometimes made between the soul, which is eternal essence, and spirit, which is a universal entity (Raheem, 1991). For the purposes of this study, soul or spiritual essence, are treated as interchangeable.

Personality is moulded by personal psychologies, which develop through life experiences and the collective values of the time, which may or may not result in what Raheem (1991) describes as a vehicle that serves the soul. As a result, the personality may obstruct soul expression. Transpersonal practices strive to return a person to wholeness through body, mind, spirit integration, achieving health and well-being. The key to healing is the empowerment of the person and transpersonal practices unblock traumatic stress "frozen" in the body, bringing back balance and harmony. Body-mind-spirit integration involves direct work on the energy systems of the body, automatically and simultaneously affecting all parts of the body, mind and spirit. Through adjusting energy flow, the therapist or workshop facilitator organically supports a person's holistic growth process with minimal risk.

3.3.1 The body

The fact that we experience emotions in our body, not in our head, was highlighted by James (1884). He wrote that emotion was first of all a physical state and only accessorially a perception in the brain. Because the body is a faithful recorder of personal history, it is therefore a fruitful ground for understanding and bringing to consciousness those traumas which, according to psychological theory, have helped to shape personality (Raheem, 1991).

The body reflects our major experiences, whether painful or pleasurable, forming imprints which act as the basis for the personality. Positive imprints promote strong personality foundations that aid the self to actualise. Negative experiences can create deeply embedded traumas, having a defeating affect on the self and personality. These root traumas – profound wounds affecting all subsequent development - were first recognised by Freud, who found painful events from childhood could be buried in the unconscious. Root traumas require constant degrees of energy to keep them buried. They can also act as a magnet around which similar traumas can develop, becoming deeply reinforced and ingrained as neurotic patterns (Raheem, 1991).

3.3.2 The mind

The mind operates as a master control over the autonomic nervous system. When functioning optimally, it can become a refined instrument to guide productive life. However, people can become “head-centred”, convinced that life’s problems can be solved by gathering more data, by performing more complex analyses and by fostering greater mental understanding, like “walking heads”. If the mind is not adequately attuned to the body, emotions and spirit, actions may be embarked upon which do not serve the whole person, or activities may be engaged in which do not serve the culture or society (Raheem, 1991).

An important aspect of the mind in healing is the concept of mindfulness, which is present-centred awareness with acceptance (Germer, Siegel, & Fulton, 2005). This is a condition of “being” rather than “doing”, during which attention is paid to the moment rather than the past, the future, or the multitudinous distractions of modern life. The application of mindfulness practice to go beyond symptom relief to the possibility of developing positive states of mind can bring one to the very purpose of life.

The complexity of defining present-centred awareness or “being” is described by philosopher, Heidegger (2006):

Be-ing – finally degraded in metaphysics to a used-up empty word that hardly still says the unactual detachment of thought from all that is actual and the detachment unto what lacks effect and is unactual – informs the total desolation of the representation that has no object. (p. 276)

Our mental life springs from a constant striving towards balance between two brains. On the one hand there is the conscious, rational brain geared towards the outside world. On the other hand the emotional brain is unconscious, tied to survival and, above all, to the body. This limbic brain is described as “a brain inside a brain” designed to maintain the body’s physiological balance, or “homeostasis”, the name coined by the founder of modern physiology, Claude Bernard, the late 19th Century scientist (Servan-Schreiber, 2005).

Latest research on plasticity and localisationism sees the brain as a complex system, in which smaller parts form a heterogeneous set of components which are more or less independent. “But as these parts connect with each other in larger and larger aggregates, their functions tend to become integrated, yielding new functions that depend on much higher order integration” (Doidge, 2007, p. 295). In this concept of sublimation, a fundamental rule of brain plasticity is that when two areas begin to interact, they influence each other and form a new whole. The dichotomy between “low” instinctual and “high” cerebral begins to disappear (Merzenich & Pascual-Leone, as cited in Doidge, 2007). The powerful effect of thought on well-being is demonstrated in transpersonal practices, such as visualisation and guided meditation. While Descartes depicted a mechanistic brain, with plasticity in the mind, Doidge highlights the materialism of thought and the capability of the brain itself to change:

But now we can see that our “immaterial” thoughts too have a physical signature, and we cannot be so sure that our thoughts won’t someday be explained in physical terms. While we have yet to understand exactly *how* thoughts actually change brain structure, it is now clear that they do, and the firm line that Descartes drew between mind and brain is increasingly a dotted line. (p. 214)

Apart from thought, another integral aspect of awareness is emotions. Goleman (1996) describes emotion as “a feeling and its distinctive thoughts, psychological and biological states, and range of propensities to act” (p. 289). Emotional intelligence is defined as the ability to reign in emotional impulses, reading another’s innermost feelings and handling relationships smoothly. In considering how to build emotional intelligence, Goleman and Lantieri (2008) shift the focus from prevention wars – “war on drugs” (p. 13), to strength-based approaches and capabilities, drawing on transpersonal practices such as relaxation and mindfulness focusing.

Penfield (1975), neurosurgeon and researcher, made an effort to demonstrate that emotions, as distinct from thought, are recorded in different parts of the brain. The hypothalamus, for example, is known to transmit emotional signals and the limbic system is associated with emotions, while thinking processes originate in the cerebral cortices. Amen (1998) has identified specific emotional sites in the brain which can be accessed and healed, such as the basal ganglia, where anxiety and panic manifest.

Originating in the brain, emotion manifests through the body. It has been defined as “an electrochemical wave phenomenon expressed through the body, involving conscious, visceral and behavioural changes” (Raheem, 1991, p. 8). Emotions pass through the body and consciousness in a wave-like pattern, with a weak-awareness beginning, a full-expression middle and a calm end. This acknowledgment of their expressive capacities provides an opportunity to work with them, without allowing them to overwhelm or get stuck in the body.

3.3.3 The spirit

On the one hand, the study of the formation, patterns and influence of personality has been the classical approach to psychology. The study of the soul, on the other hand, has been largely contained within spiritual and religious teachings. Transpersonal psychology attempts to integrate the spiritual nature with psychology. Raheem (1991) describes the soul, as carrying the essential nature of the self, the divine essence of the whole human being. She sees the soul as a discrete energy pattern which carries an evolutionary record of its immortal journey. Its blueprint carries the essential meaning and purpose of the current life time which, in turn, may be part of an evolutionary pattern. The person develops from the soul centre outward. Transpersonal therapy recognises the existence of the soul and goes beyond the personal.

This phenomena is found in the imaginal world of Henri Corbin (1964); the subtle body of Schwartz-Salant (1986); the guidance self of Whitmont (1987); Assagioli (1999) referred to the Higher Self, and Jung (1981) spoke of the high archetypes. (Rowan, 2003, p. 223)

These names attempt to distinguish an essential spiritual quality within man which is not mind, body or personality, but which may envelop and influence them. In retrospect, many people come to view medical conditions as a wake-up call, a sign that their life is somehow out of balance, an opportunity to awaken to spirit. As the disorder resolves, patients begin to notice that their suffering stems from trying to control things that are out of their control, and that they can gradually learn to let go. Their medical condition becomes an opportunity to open a spiritual dimension in their lives. When adversity becomes an opportunity for learning and growth, life is enriched (Siegel, 2005).

Spirit is of particular importance in the understanding of indigenous approaches to healing. Some (1999) describes how in African cultural beliefs, illness is a physical manifestation of a spiritual decay. Treating the illness means conjuring up energy that will repair the spiritual state. In this way, spiritual healing can be translated into healing of the physical disease. “You have to heal in the spirit world before you can heal in the physical world “(Some, p. 73).

The scientific approach to healing resulted in Western doctors who first came to Africa largely misunderstanding the role of spirituality and energy. Indigenous healing practices were described as “strangled in the shackles of the greatest superstition and charlatanism” (Garry & Barnes, 1939, p. 263). Recently, however, the study of spirit and religious concepts is making its way into science. Some Western medical practitioners consider it is time for health care providers to pay serious attention to spirituality as a potential risk factor for physical health and to begin to use practical methods for assessing this component of a patient’s history (Morris, 1998). Indeed, Eastern energy patterns are being integrated into healing practices, with energy anatomy holding the key to healing. “Rather than just masking our symptoms, energy anatomy offers a comprehensive and holistic view of how each of us co-creates health or disease” (Northrup, 1998, p. 92).

Western psychologists are urged to “look beyond Western psychology and culture to incorporate the best of all psychologies and cultures” (Walsh, 2000). While the Indian

psychologies of Buddhism and yoga lack information on the nature and treatment of major psychopathology, they are recognised as containing a wealth of information on exceptional psychological health, post-conventional transpersonal development, exceptional abilities, and the methods for cultivating them (Tart, 1992; Walsh, 2000).

3.3.4 Energy

The flow of energy through the human system, recognised in the indigenous and Eastern medical model, is the integrating factor in transpersonal psychology. Largely ignored or misunderstood in the West, energy flow has been seen by Indian and Chinese medicine as a primary factor of life. We are all energy transformers, connected with the whole universe and all our life processes, including illness, depend on how we manage energy (Travis & Ryan, 2004).

According to Cane (2000), over half of the world's population (including the peoples of Asia, the Indian subcontinent and the indigenous peoples of the world) recognise energy as the fundamental life force of all being. Whether they use the word chi, ki, prana or Christ life, the reality is the same, transcending culture and time.

When energy channels are open, with energy flowing freely, the person experiences a fluid sense of wholeness, including good physical health, emotional balance, mental clarity and spiritual well-being, which results from being in tune with oneself. Conversely, if energy is obstructed in any one channel, corresponding physical, emotional and mental imbalances ensue. Energy medicine as treatment is described as subtle, non-invasive and attuned to the recipient's natural healing responses (Mines, 2003). Innate self-healing capacities are maximised as the physical, emotional and spiritual aspects of health are aligned, creating each individual's own definition and experience of health.

3.4 Heart Entrainment

In describing the heart-brain connection, Pearce (2002) outlines the development of five different brains: the reptilian brain, linked to basic survival and animal instincts; the old mammalian brain, limbic system or emotional cognitive brain, linked to the sensory system and the formation of relationships; the neocortex, new mammalian or verbal-intellectual brain, introducing language and thinking; the prefrontal lobes, the source of all higher intellectual capacities; and the heart brain, subject of the science of neurocardiology. When brain and

heart frequencies are entrained, there is a synchronous, resonant or coherent heart wave pattern. Although this is rare in adults, such entrainment is critical to full development of our human nature and new research is revealing how this can be achieved (Pearce).

Scientists have discovered that when subjects focus on the heart area, heart rhythms immediately shift (Pearce, 2002). When the rhythms become more coherent, a cascade of neural and biochemical events begins that affects virtually every part of the body. Core heart feelings affect both branches of the autonomic nervous system, reducing the activity of the sympathetic nervous system and increasing the activity of the parasympathetic nervous system, thereby improving the body's effectiveness. In addition, the balance between these two branches is enhanced, so that they work together with increased efficiency (Childre, Howard, & Beech, 1999).

The holistic approach to health integrates the heart and the brain. Holistic, complementary and integrative practices seek to heal the gap between the physical and emotional definitions of "heart", addressing the full spectrum of body, mind and spirit. This is achieved through heart coherence, when the heart rhythms become smooth and harmonious. Entrainment leads to harmony in the body's major systems, resulting in feelings of relaxation and peace and health benefits, which include improved performance. By intentionally altering our emotional state through specific techniques, the input from heart to brain is modified. Our bodies are designed to function at optimum capacity when the heart and head are highly attuned to one another, working together (Childre et al., 1999).

3.5 Brain Plasticity

Doidge (2007) believes that the brain's ability to change its own structure and function through thought and activity is the most important alteration in our view of the brain since the first sketches of its basic anatomy and the workings of its components. The idea of "localisationism" was based on the brain as a complex machine made up of parts, each with a specific mental function or hardwired location. Doidge describes the dark age for plasticity continuing into the early part of the 20th Century, when experiments proving otherwise on massive brain disease were ignored.

Research in the 1960s by Back-y-Rita (as cited in Doidge, 2007) on our sense receptors, translating into electrical patterns that are sent down our nerves as universal language spoken

inside the brain, showed the areas that processed these impulses are far more homogeneous than neuroscientists had appreciated. Bach-y-Rita, pioneered the concept of “polysensory”, which refers to the ability of the sensory areas of the brain to process information from any of the senses, not just from the senses that normally report to those areas. All humanities, social and physical sciences are affected by the realisation that the architecture of the brain differs from one person to another and that it changes in the course of individuals’ lives (Doidge, 2007).

Changes in brain function as a result of shock and systemic trauma undermine neurological development, but due to plasticity, this can be healed and each person is the primary healer. Certain areas, like the hippocampus, are able to create new neurons from existing stem cells as part of normal functioning. This means that despite shrinkage of the hippocampus during, for example, traumatic childhood experiences, which makes learning and explicit long-term memory difficult, people can recover and grow back this part of their brain (Doidge, 2007).

The use of subtle energy medicine is described as exceedingly beneficial, especially for the treatment of shock, which balances the nervous system. Feelings of safety stimulate the arousal of neurotransmitters, such as dopamine and serotonin, which reduce distress associated with both shock and trauma (Mines, 2003). Keys to wellness include the use of self-administered subtle energy medicine; non-cathartic, carefully paced repatterning of experiences; language as a healing vehicle; holistic integration; and the neurobiology of love. This neurobiology can only occur when the primitive brain is at rest and for this reason, feelings of safety and comfort are necessary to launch this neurochemistry.

3.5.1 Plasticity paradox

The plasticity paradox is that the same neuroplastic properties that allow the brain to change and produce more flexible behaviours can also produce more rigid ones. “Neurons are prone to being entrenched by force of habit because they involve repeating patterns of which we are not conscious, making them almost impossible to interrupt and redirect without special techniques” (Doidge, 2007, p. 243). Implications for healing are that techniques need to be taught to interrupt established patterns and create new pathways for the neurons to fire. To entrench these new healthy behaviours, regular daily practice is advised. This process is like a “roadblock”. “Once neural pathways have been laid down, they become really speedy and to

take a different path becomes increasingly difficult. A roadblock of some kind is necessary to help us change direction” (Doidge, p. 211).

3.5.2 Multiculturalism

Multiculturalism is an important focus in Capacitar workshops, aligned with the goal of liberation psychologies to encourage dialogue, creative thinking and utopian imagination in working with the dynamics of oppression (Watkins, 2009). Delegates engage in practices of listening-in to differences, thus creating new avenues for transformation to be created. This approach fosters respect, tolerance and understanding of different cultures and belief systems, with delegates benefiting from an enrichment of diversity.

Multiculturalism challenges intolerance that can develop with aging and the decline of brain plasticity, when it becomes increasingly difficult to change in response to the world, even if we want to: “Increasingly the aging individual acts to preserve the structures within, and when there is a mismatch between his internal neurocognitive structures and the world, he seeks to change the world” (Doidge, 2007, p. 304). By this process, whole cultural groups try to impose their view of the world onto others, practising intolerance and prejudice. In South Africa, we have had to change brain patterns from apartheid and discrimination to working together with respect and tolerance, which is modelled in the multicultural workshops.

3.5.3 East versus West

In Capacitar workshops, focus is more on the holistic, indigenous, Eastern brain than the Western analytic brain, which means that the brain’s right hemisphere is more engaged than the left. Doidge (2007) asks the question whether these different ways of seeing the world are based on different interpretations of what was seen or were Easterners and Westerners actually seeing differently.

Experiments to compare perception in the East and West confirm that Easterners perceive holistically, seeing objects in context, while Westerners perceive them in isolation (Nisbett, 2003). It was found that when people change cultures, they learn to perceive in a new way. People raised in a bicultural situation actually alternate between Western and Eastern perception. Capacitar workshops set out to experientially demonstrate holism of the body and awareness of energy, reinforcing what the indigenous and Eastern practitioners already know.

This is particularly relevant in South Africa, where healing modalities need to take into account existing cultural beliefs.

In their guidelines for psychologists and consumers, Lilienfeld, Lynn and Lohr (2003, p. 401) warn against the plethora of self-help books which have come onto the market in the West, since George Miller's (1969) urgings to give psychology away in his Presidential Address to the American Psychological Association to clarify what he saw as the major social responsibility of his profession – to learn how to help people help themselves (Miller, 1969). The rush to publish self-help books resulted in instructional materials which carried no assurance that the public could successfully apply these procedures on their own.

The authors are critical of an individualistic approach to development, saying a public health approach is more likely to advance the efficacy of these programmes. In founding an international non-profit organisation of popular education rather than treatment model, Dr Cane's workshops fulfil the public health criteria outlined: Transdisciplinarity; an emphasis on the reach and breadth of treatment effects, and attention to the socio-environmental context (Lilienfeld et al., 2003).

As far as transdisciplinarity is concerned, Capacitar workshops involve professionals in the countries where they are introduced, such as psychologists, medical staff and social workers. Taking into consideration the reach and breadth of treatment effects, the Capacitar programmes are adapted to address the concerns and needs of a given group of consumers and present information and strategies in a way that makes sense to their worldview. The Eastern and indigenous models of healing, for example, are particularly relevant for the impoverished populations of third world countries where Dr Cane mostly works, including Africa. As far as the socio-environmental context is concerned, Capacitar is aimed at those most in need - the politically marginalised, the traumatized, stressed, burnt-out and under-resourced populations of the world. As a non-profit organisation, trainers work for a fixed fee and any additional monies accrued are used to help the less advantaged. This is not for what Lilienfeld et al. (2003) describe as “relatively healthy, affluent individuals who have sufficient time and resources to devote to a programme” (p. 414).

Lilienfeld et al. (2003) are also concerned about “New Age”, unscientific methodologies practised on a gullible and unsuspecting public. Cane (2000, p. 21) addresses this concern:

Capacitar practices (such as acupressure, Tai Chi, Pal dan Gum, Chakra work) do not originate with the “New Age Movement”, but come from many ancient cultures. The practices have been well researched by Capacitar for their benefit to body, mind and spirit...New modalities (such as Emotional Freedom Technique, Thought Field Therapy) have been included in our programmes because of their effectiveness. We have field tested all practices with hundreds of people from different cultures and socio-economic groups. We evaluate programme method, contents and outcomes.

Indeed, in her doctoral dissertation, Cane (2000) shows traumatic stress symptom reduction in her research in Honduras with over 2 300 participants with whom she captured both qualitative and quantitative data. A total of 19 grassroots leaders, for example, were studied, with 100% percent of the delegates using body techniques monthly, 84% using breathing, meditation, ritual and prayer and over 70% using acupressure.

In 2006, 26 individuals from the Santa Barbara County Alcohol, Drug and Mental Health Services underwent the 8-month Capacitar Multicultural Wellness Education training. Trainees completed the SF-12 Health Survey which yields summary scales for physical and mental health. Howard (2006) reports that from pre- to post-assessment, the trainees demonstrated maintenance and/or improvement on most of the health and well-being indicators. Results showed that while there was some increase in general physical health from pre-to post-assessment, the significant changes were found on the mental health and well-being indicators. There was a statistically significant improvement on the vitality, social functioning, role emotion, and mental health subscales. These findings suggest that the trainees felt calmer and less depressed. Their energy level increased and their emotional challenges interfered less with their ability to accomplish tasks, perform work duties and participate in social activities.

More recently, research has been carried out on women living in the violent situation of the US-Mexican borderland. In a qualitative study, overall preliminary findings brought forward participants’ experiences of feeling more connected with their body, of finding meaning and understanding through body, mind and spirit, of feeling reduced symptoms of stress, pain and sleeplessness, and of sharing the healing practices with others. The research concluded that it

can be assumed that the Capacitar training enhanced the participants' connectedness with body, mind, spirit, community and nature, as well as reduced a range of psychosomatic symptoms. However, the study cautioned that the impact can only be understood within the specific biography and life context of the participants (Hess, 2009).

It is the aim of this research project to help build on the scientific foundations laid down by researchers (Cane, 2000; Hess, 2009; Howard, 2006) in establishing the authenticity of the transpersonal healing practices utilised in Capacitar workshops.

3.6 Chapter Summary

Transpersonal psychology has been explored, covering mind-body-spirit integration and the implications this has for our energy system. Heart entrainment was also considered as a factor in healing. Latest research on brain plasticity was described, with a focus on the plasticity paradox of the brain, and implications for multiculturalism. Eastern and Western approaches to healing were compared and contrasted. In the next chapter, a description of transpersonal practices facilitated in Capacitar workshops is given, together with the theoretical underpinnings of this practical work.

CHAPTER FOUR

Capacitar Workshops

4.1 Introduction

The inspiration of Capacitar's trauma healing and transformation workshops came from the grassroots people of Central America, where Cane (2000) worked in solidarity for many years. "Their commitment and courage to enter the darkness and to transform their wounds into wisdom have challenged me and taught me much about healing" (p. 5).

The focus of Capacitar workshops is on awakening a new heart with the integration of body-mind-spirit (Appendix 1 - Vision and mission). A summary follows of the six day workshop - four full days and four half days – presented to HIV/Aids coordinator teachers, with details of workshop training outcomes in Appendix 2, and an example of the workshop evaluation form in Appendix 3. The approach to well-being, described as the instinct to heal in a popular educational context, is outlined in Appendix 4. A range of practical tools for well-being is provided in Appendices 5 - 12.

4.2 Popular Education

Capacitar workshops are facilitated on the principles of popular education, based on Freire's (1983) work with grassroots people in Brazil and various parts of Latin America. He describes people as being the subject of their own process. Through reflection, judgement and action, they experience their power and possibilities. "Men's activity consists of action and reflection; it is praxis; it is transformation of the world. And as praxis, it requires theory to illuminate it. Men's activity is theory and practice; it is reflection and action" (p. 119). Indeed, it is this reflection and action which form the basis of workshop content.

Popular education is described as a community effort to acquire existing knowledge and build the new knowledge to reshape society, so that all will have the opportunity for a full life (Hope, Timmel, & Hodzi, 1984). Popular education is seen as a radical transformation of selves, community, environment and society, being a spiritual process, tapping into values of cooperation, justice and concern for the common good.

The basic assumption of all adult popular education is achieved in dialogue. "Dia" means "between" and "logos" means "word". Knowles (1970) describes popular education as dia and

logue = the word between us. The approach to adult learning based on these principles holds that adults have enough life experience to be in dialogue with any teacher, about any subject and will learn new knowledge or attitudes or skills best in relation to that life experience.

4.3 Prevention

In addition to a popular education approach, Capacitar workshops aim to mediate the current build up of stress, and to prevent future burnout and ill health. In the community psychology and public health context, communities are helped through prevention rather than cure (Guernina, 1995) and this approach is relevant for stress and burnout in the schools' context in South Africa.

Albee, who described himself as a "born-again preventionist of the 1960s" (Guernina, 1995, p.85), asserted that prevention efforts almost always mean changes in social structure, when something is done about injustice, unemployment and poverty. The principles of prevention and participation are important, extending beyond consideration of rights, in terms of class action, and physical and psychological needs of the people, to empowerment.

If proved to be effective as an intervention, Capacitar workshops can target teachers at all three levels of Caplan (1964)'s levels of prevention in dealing with stress and burnout. Efforts at primary intervention, in which teachers' jobs are modified to give them more control over their environment and more resources for coping with the demands of being an educator, are preferable over secondary or tertiary interventions that occur after burnout symptoms have surfaced. However research indicates each type of prevention can be useful in helping teachers contend with an occupation that puts them at risk for burnout (Wood & McCarthy, 2002).

Capacitar workshops could also be applied in all three Gordon (1983) intervention prevention classifications: In the educational context it could be offered as universal prevention, which is offered to all learners in all schools; based on selected prevention, workshops could be targeted at populations who are at heightened risk for stress and burnout, and as indicated prevention, workshops could be aimed at those who have a vulnerability for stress and burnout, but who are currently asymptomatic

There is a danger that "imported" prevention interventions implemented in a mechanistic way risk reproducing the historical tendency by which disempowerment and victimisation of oppressed South Africans are perpetuated by well-meaning professionals anxious to rescue the

oppressed from their plight (Butchart & Seedat, 1990). To be effective, programmes must not focus on structural and ecological factors in isolation from historically determined socio-political and psychological variables.

In the context of Capacitar workshops in the schools, the goal of assisting in the self-healing process is primarily to reduce the number of teachers manifesting symptoms of stress and burnout; secondarily to treat early symptoms, and thirdly, help in the recovery process. Cane (2008a) emphasises that her work is part of an international movement of global healing. She works in solidarity with people of the world in disenfranchised and battered communities, empowering people to find the emotional, physical and spiritual strength to fight for a better life. The workshops in the schools in this research project need to be seen in the light of fighting for social justice in a wider community context, made relevant for the community by the activities shared by participants.

This approach supports the community psychology view of not changing disadvantaged individuals so they can better adjust to unjust social conditions. To help create social change, community psychologists must reframe problems, listen to the voices of disadvantaged people, and make the invisible visible. This involves challenging commonly held assumptions and consciousness-raising about the sources of problems (Nelson & Prilleltensky, 2005).

4.4 Integrative Practices

Capacitar workshops with transpersonal techniques as prevention intervention are a means to improving one's resilience, on both the physical and emotional levels. Leiter and Maslach (2005) describe emotional exhaustion as a greater risk than physical exhaustion. Transpersonal techniques, like the finger holds to manage emotions (Appendix 7), assist in developing emotional resilience and intelligence.

The integrative holistic practices offered in Capacitar workshops vary according to the needs of the delegates. Dr Cane offers multicultural wellness education as an in-depth training over eight days spread over one year. Living in Wellness courses are facilitated by accredited trainers in South Africa, spread over eight days. Shorter courses, such as mental health, HIV/Aids and Capacitar for Children, are offered in South Africa by trained practitioners who have undergone the basic training course and been assessed as competent by Capacitar SA, a non-profit organisation representing Capacitar International.

4.4.1 Outline of training

The course which the HIV/Aids coordinator teachers undertook is an adaptation of the eight day core training entitled “Living in Wellness”, which Capacitar SA designed for South African conditions. Due to time constraints imposed by the research, which took place over one year, and the limited availability of teachers by the Dept of Education, workshops took place over six days, four half days and four full days. The content of these workshops is summarised below:

Day one

Introduction and overview of workshop; personal check in; background and history of Capacitar; Tai Chi; breath work; acupressure points; closing circle

Day two

Introductions; Tai Chi; finger holds; safe space visualisation; Pal Dan Gum exercises; free form body movement; popular multicultural wellness education; polarity head and throat; song/dance; closing ritual circle of healing

Day three

Introductions; Tai Chi; the Holds; Emotional Freedom Technique; song/dance; closing circle of healing

Day four

Introductions; Tai Chi; energy walk; energising exercises; establishing boundaries and protection; Pal dan Gum; review of practices; hand massage; self care and assessment; pain drain; songs and dance; closing circle

Day five

Tai Chi; personal reflections; trauma healing and the recovery process using energy practices; the impact of trauma on the emotional and cognitive brains; immune system boost; acupressure points for the immune system; cross lateral exercises; song/dance; closing circle

Day six

Tai Chi; opening circle; review of exercises covered so far; societal and intergenerational trauma: the map of human consciousness; closing ritual circle of healing; song/dance

Day seven

Tai Chi; popular education and how it differs from therapy; review with participants any practices covered that they have questions about; review methods of protection and having strong clear boundaries; Salute to the Sun; closing circle

Day eight

Introductions; Tai Chi; Tonglen meditation; Figure 8 for forgiveness; review of Pal dan Gum; work in small groups to share reflections and application of training; explanation of the training of trainers programme; group evaluation and summary of workshops; awarding of certificates; closing ritual: circle of healing.

4.4.2 Key elements

Capacitar training offers five key elements: Releasing stress and balancing energy; nourishing and harmonising core energy; healing and transforming community and society; popular education and leadership; and integration.

4.4.2.1 Releasing stress and balancing energy

The practices of releasing stress and balancing energy lead to good health, emotional balance, mental clarity and spiritual well-being. As the body, mind and spirit hold the entire history of the person, these can be accessed through the ancient energy maps of the meridians and the chakras, which comprise the pathways and transformers of the energy system. Physical and emotional stress, environmental conditions and traumatic experience can weaken and block these normal harmonious flows of energy, resulting in conditions such as tightness, constriction, armouring in the muscles, pain, congestion, knots and cold areas in the physical body. Blockages may also appear in the different layers of the energy field around the person, and in particular, around the emotional and mental layers of the field (Cane, 2000). Examples of exercises to release and balance energy are Finger holds (Appendix 7) and Emotional Freedom Technique (Appendix 8).

4.4.2.2 Nourishing and harmonising core energy

A holistic approach to healing traumatic stress involves both unblocking stored energy, along with strengthening the core energy system of the person (Cane, 2000). It is important to understand and work with what contributes to the balance, nourishment and harmony of the whole person in the community. Body-mind-spirit practices that help foster a return to body wisdom as the guide to nourishing and strengthening the core energy of our being include meditation and mindfulness; the Holds (Appendix 9); Head, neck, shoulder release (Appendix 10); Polarity bodywork; and the Acupressure (Appendix 11).

4.4.2.3 Healing and transforming community and society

As we advance in the new millennium, there needs to be a transition from a period of human devastation of the earth to a period when humans interact with the planet in a mutually beneficial manner (Berry, 1999). This requires a capacity for relatedness to others and for spontaneity in action, which all mankind possesses. In the focus on community and societal healing, it is impossible to see intergenerational trauma and violence in the larger world without also recognising that somehow the causes are within us – in our attitudes, values, beliefs and relationships (Cane, 2000).

Personal healing of traumatic symptoms is not enough and can ultimately seem like putting on a band-aid to protect a festering wound. “Trauma healing, therefore, must address the larger context of change and transformation in personal and communal attitudes, values, structures and relationships” (Cane, 2000, p. 188). Holistic practices that help with community and societal healing and transformation, which are equally relevant in the context of stress and burnout prevention, are: Ritual; movement, dance and music and the map of human consciousness.

4.4.2.4 Popular education and leadership

In viewing healing from a holistic perspective, the popular education approach empowers people to not only take on their own process, but also to place it in the context of the community and larger society. A popular education approach not only deals with alleviating individual symptoms, but looks to causes, as well as to promoting a holistic balance in body, mind and spirit in the person and the community. Authenticity and compassion are essential in

this work. Topics covered in this section are active listening skills, workshops dynamics and logistics.

4.4.2.5 Integration for global healing

Practices of meditation and exercises for integration are those of awakening a new heart in the human family, such as Tonglen meditation.

4.5 Chapter Summary

This chapter presented Capacitar workshops, including a discussion of popular education and prevention. The HIV/Aids coordinator teachers' training course was outlined, followed by a review of key elements of this training. Examples of transpersonal techniques were also presented. In the next chapter, the methodology employed to assess this study's research goals, namely to ascertain levels of stress and burnout in teachers and measure the effectiveness of the Capacitar intervention in preventing burnout, will be delineated.

CHAPTER FIVE

Methodology

5.1 Introduction

Research design involves the intersection of philosophy, strategies of inquiry, and specific methods (Creswell, 2009). Philosophically, the mixed-methods research approach adopted in this study falls within the pragmatic worldview, which arises out of actions, situations and consequences rather than antecedent conditions. There is a concern with applications and solutions to problems. The focus is on the research problem rather than methods, and all approaches available to understand the problem are utilised. “For the mixed method researcher, pragmatism opens the door to multiple methods, different worldviews, and different assumptions, as well as different forms of data collection and analysis” (Creswell, p.11).

As far as strategies of enquiry are concerned, mixed methods research is sequential, concurrent or transformative. In this study, both qualitative and quantitative data support each other, with the overall strategy of enquiry being transformative. This study advocates for marginalised groups, ie educators in Government schools in mostly disadvantaged areas, under a theoretical lens of transpersonal psychology. Within this lens, a sequential time frame is adopted, with quantitative data gathered first, followed by qualitative data. In analysis, both types of data are considered, helping to provide a comprehensive analysis. As far as methods are concerned, by mixing methods, the researcher makes inferences across both the quantitative and qualitative databases (Creswell, 2009).

A mixed-methods approach is one in which the researcher bases knowledge claims on pragmatic grounds, consequence-orientated, problem-centred and pluralistic. It employs strategies of inquiry that involve collecting data either simultaneously or sequentially for optimum understanding of research problems. Both numeric and text information is gathered, so that the final database represents both quantitative and qualitative information.

The concept of mixed-methods design is thought to have originated in 1959, when Campbell and Fiske used multiple methods to study validity of psychological traits. They encouraged others to employ their multi-methods matrix to examine multiple approaches to data

collection. Additional reasons emerged to converge or triangulate different qualitative and quantitative data sources, ending in a distinct methodology of enquiry (Creswell, 2009).

The sequential, transformative model has two distinct data collection phases, with equal priority being given to the quantitative and qualitative phase. In the case of this study, quantitative results and qualitative data inform the process and understanding of the transpersonal psychological theoretical approach. The results of the two phases of this approach, which is different from the traditional triangulation approach, are integrated during the interpretation phase. The transformational model's theoretical perspective is more important than the methods alone (Creswell, 2003).

Strengths of this approach include distinct phases of implementation, description and sharing of results, although it requires more time to complete two data collection phases. Transformative procedures are guided by the researcher's use of a specific theoretical perspective, which is reflected in the research question. It is also the driving force behind all methodological choices, such as defining the problem, identifying the design and data sources, and analysing, interpreting and reporting results. Visual display can be an important part of the analysis process because the decisions made about how to construct information visually represent analytical processes. Further, visual display can serve as a thread that interweaves data reduction, data display, and conclusion drawing/verification in the report that emerges (Onwueguzie & Dickinson, 2008). While the visual combination of qualitative and quantitative data results was not utilised in this study, visual display in the form of mind maps in the qualitative study attempted to construct a visual representation of analytical processes.

Important aspects influencing design are timing, weighting, mixing and transforming perspectives (Creswell, 2009). In this sequential study, timing was limited to one year, with contact between researcher and educators restricted from March to September, 2009. Therefore, qualitative data from workshop delegates in a focus group and quantitative data from the control and intervention groups were captured at training workshops or meetings. As far as weighting is concerned, the researcher focused on both quantitative and qualitative data to measure the interaction of the transpersonal practices and burnout variables. Even though the length of qualitative data analysis was greater than quantitative data analysis, equal importance was given to both methods in drawing conclusions in the study. Mixed methods

were used in data collection of quantitative information and in interpretation of results, with analysis being undertaken separately. In the transformative process, transpersonal psychology guided the entire study, within a humanistic psychology orientation.

In considering the limitations of this approach, Creswell (2003) points out that there is little written to guide the researcher through the process. In addition, there is little advice to be found how a researcher should resolve discrepancies that occur between the two types of data. Despite the methods being equal in their priority, this approach can result in unequal evidence within a study, which may be a disadvantage when analysing the final result.

Schwartz-Cook (2006) explained burnout in a mixed method investigation of information technology workers. She used qualitative and quantitative measures to identify factors that predict burnout in the target population. The findings of the research indicate that organisational politics and menial tasks interfering at work are most strongly related to burnout. Role ambiguity, role conflict, job security, quantitative work overload, having reasonable promotion prospects, having a manager who understands the work, and feeling fairly rewarded are all significantly related to burnout as well.

Exploring the origins of burnout in secondary school teachers, Van Tonder and Williams (2009) used a mixed method design with a predominantly qualitative methodology to explore the probable reasons for burnout among 59 educators from three urban secondary schools in Gauteng, South Africa. Data comprised Maslach Burnout Inventory – General Survey protocols and rich data work descriptions. Semi-structured interviews were also conducted with five participants who tested highest on the burnout indicators. The results indicated that a negative learner profile and workload were the most frequently cited reasons for potential burnout. Practical implications were that burnout requires considered attention and aggressive context-specific intervention to contain its negative impact on both the educator and the student learning experience.

5.2 Research Design

Social research is complex, with people's statements seldom being straightforward and linear. Depending on the methodological approach of the enquiry, there are a number of options for analysis. The analysis process is the "heartbeat" of the research, with the quality of the analyst's thinking being evident (Creswell, 2003, p. 6). Both predetermined and emerging

methods are part of the procedures of mixed-methods research. In this study, predetermined measures were Beck's Anxiety Inventory and the Copenhagen Burnout Inventory. The qualitative emerging method was global analysis, described by Creswell as the formatting of data by the researcher into an impressionistic sub-genre, without going the coding and categorising route.

As a quantitative study, this research reflected postpositivist philosophical assumptions. Determinism suggests that examining the relationship between and among variables is central to answering questions and hypotheses (Creswell, 2009). The experimental design of this study tested the impact of a transpersonal Capacitar intervention on anxiety and burnout outcomes, controlling as much as possible all other factors that might influence the outcome. Descriptive analysis of data was provided, indicating means, standard deviations and range of scores in the variables. Reliability checks for internal validity (Cronbach alpha statistic) were also provided. Stress and burnout of HIV/Aids coordinator teachers were measured as well as the impact of transpersonal Capacitar training on the levels of stress and burnout in this target population.

In the qualitative study, an interpretive approach was adopted, focusing on participants' subjective experiences. The research evaluated the impact of transpersonal practices as prevention intervention on anxiety, stress and burnout. HIV/Aids counsellors were engaged in discourse about their experiences in a focus group study, analysing themes in a global analytical approach. By identifying any specific local issues relevant to their experiences in the South Metro, the research hoped to offer a guide to shaping future interventions. It was also hoped that feedback from the study would be used in the interest of HIV/Aids coordinator teachers as a population at risk for suffering from stress and burnout. The intention of the study was that future policy in the Department of Education for providing care and support would be influenced. In both methods, open- and closed-ended questions were utilised. In the quantitative study, closed questions focusing on anxiety, stress and burnout, targeted the symptoms to identify these constructs. In the qualitative study's focus group interview, open-ended questions allowed participants to freely express their workshop experiences, and in the demographic questionnaire, general questions related to stressors were asked. These questions and answers provided information for the landscape or context of HIV/Aids coordinator teachers, as well as giving input into portraits, which included line sketches for ancillary

information and memorandum for data not specifically relevant to the portraits. A collage of outliers dealt with information beyond the scope of the study. Hence, multiple forms of data were accessed, such as focus interviews, workshop questionnaires and demographic information, as well as psychological measures, drawing on varied possibilities, involving both statistical and text analysis.

This research project began in the Department of Education, Western Cape, in March 2009, when HIV/Aids coordinator teachers in South Metro were invited at cluster meetings to take part in Capacitar workshops. The participants were not randomly assigned, as it was necessary to recruit an intervention group that was prepared to sign up for eight days of Capacitar workshops in their free time. A total of 30 teachers volunteered, with 27 completing the six day course. A group of another 30 HIV/Aids coordinator teachers at cluster meetings in South Metro, including some also from Central Metro, were recruited at the same time, some of whom expressed an interest in attending Capacitar workshops at a later stage. A random selection of 27 was chosen from the control group to match the size of the intervention group. Statistical analysis was conducted to ensure group equivalence.

A quasi-experimental design was used to assess whether the levels of anxiety, stress and burnout among HIV/Aids coordinator teachers were mediated by the transpersonal intervention. A key feature of true experiments is random assignment, which gives a degree of confidence concerning the causal connection between the intervention administered and any differences observed the second time (Goldenberg, 1992). However, random assignment is often not feasible, and hence a true experiment is out of the question. This was the case in the Capacitar workshops.

Although not characterised by random assignment, the investigator made every effort to reduce the plausibility of the threats to internal validity that are ideally eliminated by randomisation. This study belongs to natural groups, quasi-experimental design, which has also been called the non-equivalent control group design. In this design, the pre-test is crucial (Goldenberg, 1992), since it is this that confirms the similarity of the two groups. The similarity of the two groups on measures of anxiety and burnout are given in the Results chapter.

5.3 Demographic Details of Participants

Details such as gender, age, race, home language and religion were obtained in the demographic questionnaire (Appendix 13), as well as schools where teachers worked, area where they lived, number of years of teaching at the school and length of time being an HIV/Aids coordinator.

5.3.1 Intervention group

A total of 30 HIV/Aids coordinator teachers signed up for the workshops, of whom 27 completed the course. An equal number (n=27) were randomly assigned to the control group. Table 1 outlines demographic details of the intervention and control groups. Additional information provided by the demographic questionnaire on the intervention group was: number of children, languages, residential areas and types of school. Eleven percent of participants (n=3) had four children; 33% (n=9) had three children; 37% had two children, 11% had one child and 7% were childless. Most delegates were bilingual (English and Afrikaans), with 22% speaking Afrikaans as a home language and 17% speaking English. Xhosa was the home language for 15% of delegates, with Sotho and Shona (Zimbabwe) also being spoken. The majority of delegates lived in Mitchells Plain, followed by areas such as Brackenfell, Goodwood and New Woodlands. Areas further afield, like Zeekoevlei and Strandfontein, were also listed. Delegates worked at 17 schools, from a wide range of areas, from Mitchells Plain to Phillipi and Grassy Park. Three delegates came from a school for the disabled. A wide range of classes was represented, with Grade 2 and 7 being most frequent (15%). Only four delegates taught children above Grade 7.

5.3.2 Control group

The control group, although originally chosen from Metro Central, also came from Metro South to make up the equivalent numbers from available HIV/Aids coordinator teachers attending cluster meetings. Twenty-two percent of participants had four children, 30% had two children, 22% had one or four children, 15% had three children and 11% of participants had no children. Sixty-three percent (n=17) were English speaking, 25% bilingual, with Xhosa being spoken by 11% of participants. Teachers in the control group lived in a variety of areas, some in Grassy Park (15%), with other areas being Kuils River, Khayelitsha, Ottery and Mitchells Plain. Twenty-five schools were represented by these teachers, ranged from Camps

Bay and Pinelands to Hanover Park. Nineteen percent (n=5) taught Grade 2, followed by Grade 6, Grade 4 and Grade R(0). Seven teachers taught above Grade 7. Table 2 shows the mean age of the two groups, the mean years teaching at the school and mean years being an HIV/Aids coordinator.

Table 1
Demographics of Intervention and Control Groups

Measures		Intervention (n=27)		Control (n=27)	
		f	%	f	%
Gender	Male	-		5	18.5
	Female	27	100.0	22	81.5
Marital Status	Single	6	22.2	3	11.1
	Married	15	55.6	18	66.7
	Divorced	5	18.5	5	18.5
	Widow	1	3.7	1	3.7
Race	Coloured	21	77.8	21	77.8
	Black	6	22.2	3	11.1
	White	-	-	3	11.1
Religion	Christian	22	77.8	23	85.2
	Muslim	5	22.2	3	11.1
	Other	-	-	1	3.7
Class Grade	Grade 1 - 7	23	85.2	19	70.4
	Grade 8 - 12	4	14.8	8	29.6

Table 2

Age, Years at School and Years as HIV/Aids Coordinators, Intervention and Control Groups

	Intervention		Control	
	M	SD	M	SD
Age	46.7	7.1	44.5	8.7
Years at school	9.6	8.8	9.9	9.7
Years as coordinator	3.8	3.1	3.2	2.7

5.4 Quantitative Study

This study used a quantitative experimental method which follows a standard form: Subjects, variables, materials, design, procedures, instruments and statistical analysis. (Creswell, 1994).

5.4.1 Subjects

The subjects were chosen through convenience sampling, being volunteers who enlisted in the training. While the experimental group was made up entirely of women, five men volunteered to be part of the control group. An optimum number to train in Capacitar workshops is 30, hence the number of participants chosen. Twenty-seven completed the training, which ultimately determined the size of the intervention and control groups.

5.4.2 Variables

The independent variable was the treatment, or workshops given to the pre-assigned group. The dependent variable is the response or the criterion variable presumed to be influenced by the independent treatment condition. In this study, the measured dependent variables were anxiety and burnout.

5.4.3 Materials

During the eight day (four half days and four full days) workshop intervention, spread over three months on Friday afternoons and Saturdays, measures were obtained by using

instruments at a pre-test and post-test stage of the design. In this study, Beck's Anxiety Inventory (Beck & Steer, 1993) and the Copenhagen Burnout Inventory (Kristensen & Borritz, 1999) were utilised. Both measures have yet to be normed for South African conditions. The order of the two instruments and questions were mixed to avoid stereotyped response patterns.

5.4.4 Design

A quasi-experimental design was used, with subjects selected for experimental Group A and control Group B, without random assignment. Both groups were assessed at a pre-test phase and a post-test phase, and only the experimental group received the treatment.

5.4.5 Procedures

In this study, research subjects in the experimental group attended eight days of workshops, facilitated by a female Capacitar SA accredited trainer, who was assisted by a male trainee facilitator. Delegates received a training manual entitled "Living in Wellness", which was designed by Capacitar South Africa, based on Dr Pat Cane's doctoral dissertation on trauma healing and transformation. The manual was approved by Dr Cane. Capacitar music CDs and a DVD, with Dr Pat Cane demonstrating the transpersonal practices, were also given as reference resources. After the training, the performance of the experimental group was compared with the performance of the control group on post-tests by using tests of statistical significance.

5.4.6. Instruments

In the quantitative study, the Beck Anxiety Inventory and Copenhagen Burnout Inventory were utilised to measure stress and burnout levels of the intervention and control groups. The Beck Anxiety Inventory (BAI), (Beck & Steer, 1993) is a multiple-choice, self-report inventory that is used for measuring the severity of an individual's anxiety. It consists of 21 questions about how the subject was feeling in the last week, including today, expressed as common symptoms of anxiety (such as numbness, hot and cold sweats or feelings of dread). Each question has the same set of four possible answers, which are arranged in columns and are answered by marking the appropriate one with a cross. The BAI has a maximum score of 63: 0 – 7 is minimal anxiety; 8 – 15 is mild anxiety; 16 – 25 is moderate anxiety; and 26 – 63 is severe anxiety (Beck & Steer).

Burnout was measured with the personal, work-related and client burnout scales from the Copenhagen Burnout Inventory (Kristensen & Borritz, 1999). Personal burnout is described as a state of prolonged physical and psychological exhaustion. The personal scale consists of six questions: How often do you feel tired? How often are you physically exhausted? How often are you emotionally exhausted? How often do you think, “I can’t take it anymore”? How often do you feel worn out? How often do you feel weak and susceptible to illness? The response categories are: Always (100); often (75); sometimes (50); seldom (25) and never/almost never (0). Total score on the scale is the average of the scores on the items. If fewer than three questions have been answered, the respondent is classified as non-responder (Kristensen & Borritz).

Work burnout is defined as a state of prolonged physical and psychological exhaustion, which is perceived as related to the person’s work. The work burnout scale consists of seven items on exhaustion, attributed to work in general. The questions are: Is your work emotionally exhausting? Do you feel burnt out because of your work? Does your work frustrate you? Do you feel worn out at the end of the working day? Are you exhausted in the morning at the thought of another day at work? Do you feel that every working hour is tiring for you? Do you have enough energy for family and friends during leisure time? Response categories for the first three questions were: To a very high degree; to a high degree; somewhat; to a low degree, and to a very low degree. Response categories for the last four questions were: Always, often, sometimes, seldom, and never/almost never. The score for the last question was reversed. Scoring was conducted according to the procedure outlined by Kristensen and Borritz (1999). To a very high degree or always = 100, to a high degree or often = 75, somewhat or sometimes = 50, to a low degree or seldom = 25, and to a very low degree or never/almost never = 0. The total score on the scale is the average of the scores on the items.

Client burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person’s work with clients. Clients can be patients, students, children (as in the case of this study), inmates or other kinds of recipients. The client burnout questionnaire consists of six items: Do you find it hard to work with children? Do you find it frustrating to work with children? Does it drain your energy to work with children? Do you feel that you give more than you get back when you work with children? Are you tired of working with children? Do you sometimes wonder how long you will be able to continue

working with children? The first four questions response categories are: To a very high degree, to a high degree, somewhat, to a low degree, to a very low degree. The last two questions answer with: Always, often, sometimes, seldom, never/almost never. Scoring is as for the last two scales. If less than three questions have been answered, the respondent is classified as non-responder (Kristensen & Borritz, 1999).

5.4.7 Statistical analysis

Data were captured in an Excel spreadsheet. The descriptive statistics calculated for measures at the pre-test and post-test stages of experimental designs were means, standard deviations and ranges using Statistical Package for Social Sciences Version 16 (SPSS), (Field, 2005) computer software. Inferential statistics were used to test the null hypothesis in the study; that is, that there is no statistically significant difference between the experimental group and control group in terms of anxiety and burnout after the transpersonal intervention. If t tests, both independent for pre-test measures and post-test measures of experimental and control groups, and paired for experimental effect of each independent group, disclose significant differences, the null hypothesis can be rejected. However, rejecting the null hypothesis is necessary, but not sufficient to draw a causal inference about the transpersonal intervention. The confounding variable hypothesis suggests that the observed differences might be due to the effects of confounding factors (Graziano & Raulin, 2010). The causal hypothesis states that the independent variable had the predicted effect on the dependent variable. While this statement is described by Graziano and Raulin as probable rather than absolute, if the null hypothesis is rejected and confounding variables have been carefully measured, the causal hypothesis can be accepted. In this study, the causal hypothesis is: Educators that are taught transpersonal psychology practices in a Capacitar workshop will show reduced levels of stress and burnout in comparison to those who do not receive the intervention. Statistical tests show whether there is a significant difference between groups, not whether the difference is due to the independent variable. To rule out competing interpretations, statistical, construct, external and internal validity need to be considered.

5.4.8 Validity and reliability

Validity is an important concept to address in any evaluation endeavour. Firstly, all possible steps should be taken to ensure that what is intended to be measured is being measured.

Secondly, the more credible the results, the more useful the evaluation data is to both measure outcomes and improve programme delivery or content, and ultimately will better serve those who attend programmes for help with a given issue (Colosi & Dunifon, 2006).

Statistical, construct, external and internal validity of research must be considered for acceptance of the causal hypothesis (Graziano & Raulin, 2010). Statistical procedures are those used to test the null hypothesis and are concerned with the accuracy of the p-value on which a statistical decision is based. In the Results chapter of this study, the alpha is set at .01 for within-group statistical analysis and .05 for between-group analysis. This means that the null hypothesis could be incorrectly rejected 5% or 1% of the time respectively. Statistical validity is also controlled by determining the reliability of the dependent variables and whether the assumptions underlying the tests are reliable. The reliability of the Beck Anxiety Inventory and the Copenhagen Burnout Inventory and their underlying assumptions are discussed later in this study.

Construct validity refers to the theoretical context of ideas and whether the theory supported by the findings provides the best possible explanation of the results. In this study, the researcher has attempted to use clearly stated definitions of constructs such as anxiety, stress and burnout. With years of experience and exposure to transpersonal Capacitar workshops, the researcher tried to carefully build hypotheses on well-validated constructs based on previous research studies. While the researcher is mindful of possible skepticism in mainstream psychology towards energetic, Eastern practices, these techniques are validated in quantitative and qualitative research results (Cane, 2000; Hess, 2009; Howard, 2006), and in descriptions of biomedical research advances in, for example, the heart (Pearce, 2002) and brain (Doidge, 2007).

External validity is concerned with how well the study's results can be generalised to other participants and conditions. In other words, it is necessary to consider how adequately the research sample represents the population in a process of generalisation. While the best way to ensure generalisation is random selection of the sample, this is not always feasible and it has been suggested that perhaps the best way to address the shortcomings of a pre/post experimental design is to utilise a control group (Colosi & Dunifon, 2006). In this design, programme participants complete a pre-test at the beginning of a programme, and a post-test at

the end. Additionally, a control group of people not participating in the programme also complete a pre-test and a post-test, taken at the same time interval as that of the programme participants. In some cases, the control group could be drawn from the waiting list for a programme or comprise people interested in future training, for example, and should consist of individuals who are as similar as possible to those in the programme. For each group, a measure of change is computed by comparing responses from the pre-test to that of the post-test. The treatment group is then examined if greater change is experienced than in the control group. This is described as the most rigorous design because it addresses the major shortcoming of the pre/post design, specifically response-shift bias. If such bias (or any other type of bias) exists, it will influence the results of the programme and control group equally. Therefore, any pre/post change in outcomes that is found among the programme group, and not the control group, can be attributed to the programme itself (Colosi & Dunifon). Most theories predict behaviour in specific settings, for specific individuals, under specific conditions and much research is geared to when theory works or does not (Graziano & Raulin, 2010). “It would be foolish to assume that any psychological theory can be applied to all people, all settings and all conditions” (p.164).

Internal validity is at the heart of research, the demonstration of causality. To ensure validity, research needs to consider any confounding variable which could be responsible for change. These have been described by Cook & Campbell (1979) as: maturation; history; testing; instrumentation; regression to the mean; selection; attrition; diffusion of treatment and sequence effects. The researcher will attempt to analyse these confounding variables in the context of this study.

Maturation was not considered a confounding variable as the study was contained within a six month period between March and September 2009, when participants were not subject to change. No historical event occurred during research, unrelated to the study. If this did occur, the control and experimental group would have been equally affected. While all participants were subject to pre- and post- testing, the fact that several months separated the completion of questionnaires meant that participants were unable to recall previous responses. In terms of instrumentation, no change was made in the calibration of the measuring instruments in the course of the study. While participants tend to measure less extreme scores in follow-up

testing, the fact that the control group was not affected by this tendency indicates that responses were made in relation to personal experiences rather than regression to the mean.

The main factor of non-equivalence of groups was gender, in that the control group had five men and the experimental group was made up entirely of women. This difference in gender could have influenced the outcome of the study as women have been found to be more susceptible to anxiety and burnout than men (Cremades & Wiggins, 2007). However, as only women took part in the intervention, any improved differences in measures between the two groups would indicate effectiveness of transpersonal practices given this increased vulnerability of women to anxiety and burnout. As far as geographical location of schools was concerned, it was planned that the experimental group came from the South Metro and the control group from Central Metro, both areas predominantly from the Cape Flats. However, due to lack of participants attending Central Metro HIV/Aids coordinator cluster meetings, some control group members volunteered from South Metro, indicating the similarity in location of schools.

It was hard to ascertain the reasons for attrition as it was an ethical right for participants to withdraw without explanation. If participants withdrew due to high anxiety and burnout levels, this could have had a differential effect on outcome. However, the low rate of attrition (three participants withdrew, or 10%) meant that the researcher did not consider this to be a confounding variable.

Diffusion of treatment did not affect the study as there was no information exchange between the two groups. In most instances, only one or two people came from a particular school, and in the case of two participants from one school, they were in either the control or experimental group together. Sequence effects could have occurred with earlier conditions of the study affecting later responses. In order to avoid stereotyped response, the order of the Beck Anxiety Inventory (Beck & Steer, 1993) items and the Copenhagen Burnout Inventory (Kristensen & Borritz, 1999) items were mixed, as suggested by Kristensen and Borritz.

The BAI is a 21-item self-report measure of anxiety severity, widely used internationally. In a review, Piotrowski (1999) found it was the third most used research measure of anxiety, behind the State-Trait Anxiety Inventory and the Fear Survey Schedule.

In a study examining the factor structure, reliability, and validity of the BAI in samples of adolescents, ages 14 to 18 years, it was found that overall, the BAI showed acceptable psychometric properties in these populations (Osman et al., 2002). In evaluating the BAI as a screening test for anxiety, results indicated that the BAI had high internal consistency and adequate discriminant validity in a sample of disadvantaged elderly medical outpatients (Arean & Wetherell, 1997). The psychometric properties of the BAI proved to be reliable in a study at Azaad Youth Centre, District Six, Cape Town by Rousseau (2007), although further studies need to be carried out. Cronbach's alpha internal consistency reliability of the BAI in this study was calculated with SPSS (2005) software.

The CBI is a public domain questionnaire measuring the degree of physical and psychological fatigue experienced in three sub-dimensions of burnout: personal, work-related and client-related burnout. It has been translated into a number of languages and is currently being used in many countries. Its acceptability and validity in different cultures is being elucidated in various research projects.

The dominance and acceptance of the Maslach view of burnout has severely limited the progress of burnout research and practice (Jabanda, Cox, & Hassard, 2009). The free-to-use CBI offers a promising alternative to the commercial MBI instruments, containing items relating to personal burnout away from the workplace, acknowledging the importance of balancing the interacting variables of work and life.

In an Australian study on burnout among dentists, Winwood and Winefield (2004) compared the CBI with the MBI and concluded that "the CBI possesses excellent psychometric properties and seems to be an appropriate measure of burnout in populations of health professionals" (p. 282). Shirom and Melamed (2006) point out, however, that this study compared the CBI with the MBI but did so as a single profession (dentists), focusing on basic psychometric properties of the two scales rather than on the comparative construct validity of their scores. Kristensen, Borritz, Villadsen, & Christensen (2005) hope that future international collaboration will further elucidate the potential of the CBI in research on burnout. In this study, Cronbach's alpha was calculated with SPSS software for internal consistency reliability of all three measures – personal, work and client burnout.

So far, CBI users have compared this instrument with the Maslach Burnout Inventory (MBI) with very encouraging results. For example, in an examination of the psychometric properties of the CBI in a representative sample of the adult Danish population working in the human services profession, good internal reliability was established, with Cronbach's alpha of .86 for personal burnout; .87 for work burnout and .85 for client burnout (Kristensen et al., 2005).

Another study examined the reliability and validity of the CBI in measuring burnout in New Zealand secondary school teachers, and then the relationship between burnout and well-being among this population. It was found that the CBI had acceptable reliability (internal consistency and homogeneity) as well as factorial and criterion-related validity. As expected, burnout was negatively related to well-being measures (well-being index, school connection, and perceived general health). The findings indicated that this burnout questionnaire was a valid instrument to use with New Zealand secondary teachers, and also highlighted the potential impact of burnout on the health and well-being of teachers (Milfont, Denny, Ameratunga, Robinson, & Merry, 2007).

Reasons for redesigning the burnout measure as CBI, rather than using the MBI, are given below by Kristensen et al. (2005):

1. A circular argument. Burnout is by definition restricted by Maslach and Jackson (1986) to employees in the human service sector; it is also caused by factors associated with human services work. (A general survey in all occupational sectors has subsequently been released.)
2. Unclear relationship between the MBI and the concept of burnout. The three dimensions, emotional exhaustion, depersonalisation and reduced personal accomplishment are confirmed by factor analyses as three distinct and different dimensions, and scores on subscales should be considered separately. This means there is one concept with three independent measures, each with its own precursors and consequences.
3. Mixture of an individual state, a coping strategy, and an effect? Each component should not be combined but studied in its own right. For example, depersonalisation is seen as a coping strategy and reduced personal accomplishment is a consequence of long-term stress.

4. Unacceptable questions? Some questions in the testing of the MBI and BM elicited very negative reactions from respondents. For example, under depersonalisation, the question “I feel I treat some recipients as if they were impersonal objects” caused anger from some respondents.
5. What does MBI-GS measure? No new definition of burnout is given with the presentation of the new questionnaire – it was designed because there was a demand for it.
6. Public domain? The three MBI questionnaires (including the MBI-ES, for teachers) are not in the public domain but distributed by a commercial company, which means that the full questionnaires with response options are not available in normal scientific journal articles.

5.5 Qualitative Study

With roots in social science, qualitative research sets out to understand why people behave in a certain way, seeking richer answers to the question, why? Quantitative analysis can be powerful, but it also does not reveal a great deal about people and their understanding. In the qualitative study, a focus group interview was carried out with the aim of analysing the response of delegates to the transpersonal Capacitar intervention.

5.5.1 Focus group interviews

Over the past 10 years focus group research has moved from marketing research to social science studies in for example, anthropology, communication studies, education and psychology (Morgan, 1997). In focus group research, a small number of subjects come together to discuss a topic of interest. However, it is labour intensive, it is subject to researcher bias, there are difficulties in analysing the qualitative data rigorously and there is a lack of reproducibility and ability to generalise findings (Mays & Pope, 1995). Key steps in the process are: The consideration of whether the research question was clearly identified, if the setting is clearly described, and were the sampling methods described?

In seeking to interview a focus group at the end of the final Capacitar workshop, the researcher kept in mind that the research question needed to be identified in the approach to the delegates. That is, do transpersonal techniques act as an effective prevention intervention

for burnout in the target population? In seeking the answer to this research question, the researcher devised five open-ended questions, allowing the participants to answer spontaneously, without interruption. The questions were: What effect did the workshops have on you; what were the highlights of the course; will transpersonal techniques assist you in your role as HIV/Aids coordinator; what changes would you like to see in the training; what do you see as the way forward with Capacitar?

The researcher randomly selected 10 delegates, whose names were picked out of a box at the final workshop. This was done for reasons of fairness, as all participants present were keen to be selected. They were interviewed in a private room next to the workshop hall at Lentegur Hospital, where training took place. An effort was made to minimise disruption, and ensure confidentiality and privacy. A small, unobtrusive tape recorder was placed in the centre of the group, permission for which had been granted in writing beforehand in the consent forms.

Features of focus groups are:

1. **Formality.** Participants are invited to a discussion and the moderator has a distinctive role. The degree of formality in the focus group is determined by the research, depending on the research goals, nature of the research setting and the likely reaction of the participants to the research topic (Morgan, 1997). In the case of Capacitar workshops, the researcher made an attempt to keep the group fairly informal and friendly in tone. Delegates responded enthusiastically to being chosen, and appeared to be comfortable and friendly with other members of the group and keen to describe their experiences. In order to follow who was talking, and to assist with maintaining confidentiality, the researcher allocated each delegate a number and they were asked to say their number before talking.
2. **Size of the focus group.** It is usually small, 6-12 members, and relatively homogeneous. This was the case in the research focus group – 10 members, who were all HIV/Aids coordinator teachers in the South Metro, took part. Having attended eight days in total of workshops together, they were relaxed in each other's company.
3. **Use of specialised facilities.** A small, private room was used, with the participants sitting in a circle and speaking informally at first in turn, and then as and when they wished to comment.

Strengths and weaknesses of the focus group revolve around the ability to observe a large amount of interaction on a topic in a limited time, based on the researcher's skill to assemble and direct the focus group sessions. These are limited to verbal behaviour and self-reported data, without naturalism of participant observation (Morgan, 1997). Group discussions provide direct evidence of similarities and differences of opinions, without analyses of separate statements from each interviewee. They require greater attention to the role of the moderator and provide less depth and detail of opinions and experiences of participants. In this study, separate statements were analysed to enable the compilation of mind maps and portraits, and data from other sources were utilised to obtain as much meaningful information as possible.

The issue of researcher's influence is also important, having an effect on group interaction and affecting the quality of the data. The strength of comparison between delegates can be a weakness, with one unduly influencing another. However, the group format can promote candour and participation, having a "loosening effect". Hess, as cited in Vaughn, Schumm and Singub (1996) considers the advantages of focus groups over individual interviews as synergism, snowballing, stimulation and security. With synergism, a wider bank of data emerges; snowballing involves the statement of one initiating response from another; with stimulation, group discussion generates excitement about a topic; security provides comfort and encouragement and spontaneity, with participants not expected to answer everything.

In considering the moderator role, the researcher has facilitated Capacitar workshops with groups varying in size from three to 30 delegates for seven years, based on the multicultural, popular education approach. While conscious of the power role as researcher, the moderator mindfully treated each member of the focus group with dignity and respect, not interrupting when they spoke and encouraging them to participate, without coercive behaviour. In other words, the researcher endeavoured to be present in the group, guiding and facilitating, without domination or judgement. Moderator style determines the control exercised in focus groups. Control ranges from nondirective to directive (Fern, 2001). For evaluation purposes, such as that conducted in this study to research transpersonal techniques in Capacitar workshops, a more structured and directive approach was deemed necessary. This was achieved by the researcher focussing on specific, open-ended questions, not allowing the discussion to wander too far off the topic.

In moderating groups of mixed racial and ethnic members, as relevant to this study, Fern (2001) highlights personal and interpersonal factors. By understanding the relationship between race/ethnicity and group interaction, the moderator should be able to establish a climate of trust and safety for minority group members. In this instance, there were a few black members in the focus group, a majority of coloured participants, moderated by a white researcher. The messages that minority group members internalise are that their needs, experiences and perceptions are not important or valid. Self-empathy, which is the ability to have compassion for one's self and to accept that which is human in ourselves, and mutuality, the ability to tune into the subjectivity of another person at a cognitive and affective level, are important. Since multiculturalism and the celebration of diversity are founding principles of Capacitar workshops, with respect for one another, the racial and ethnic mix of the focus group was not, in the understanding of the researcher, an inhibiting factor, with self-empathy and mutuality being important elements of the focus group interview.

In guiding the researcher to decide whether or not to use a focus group, Morgan (1997) describes the simplest test is to ask how actively and easily members can discuss the topic of interest. As delegates in Capacitar workshops were willing to freely discuss their experiences, the focus group was a viable option of data collection for the researcher.

5.5.2 Global analysis of data

Using group interaction as part of the method, the researcher can feel overwhelmed by the amount of data (Vaughn, Schumm, & Singub, 1996). The following procedure is recommended for the analysis of data from focus groups:

1. Find the big ideas. These big ideas emerge from multiple data sources, including body language, the words of participants and emotional levels associated with responses. This involves the researcher looking for the pattern of findings rather than counting the number of times something is said.
2. Consider the choice and meaning of words. When interpreting the findings, consider the words used as well as meanings intended by participants.
3. Consider the context. To what extent does it appear that the participants' comments were influenced by others or the situation of the focus group? Would these responses have occurred if they were personally interviewed?

4. Consider the consistency of responses. To what extent were participant responses consistent throughout the interview? Do they change their positions and under what circumstances?

A global analysis approach was adopted, which includes a range of analytic procedures, all of which share the common characteristic that the data is not disassembled and then reassembled, as in content analysis. It is a tool for thematic, networked analyses (Henning, 2004), with a rationalised version assembled, often interspersed with theoretical notions, which already focuses a discussion and argument. The data is worked through, but it is a different route from codes and categories as stepping stones to findings. Rather, the aim is to obtain an overview of the thematic range of the text (Henning).

Flick (1998) sees global analysis as obtaining an overall thematic range of text in preparation for additional coding. The approach adopted in this research, however, is that described by Henning (2004), which is using global analysis as an approach of an integrated view of the data, identifying themes because of a holistic reading and accompanying notes, and not just as a preparation for coding. The very structure of the data is seen as the organising logic – therefore main themes are searched for by intensive reading (studying) of the text – making notes and drawing concept maps (or mind maps) in the process, but not disassembling or chunking into segments (Henning, 2004).

This is described as a sophisticated way of working with text (Henning, 2004), suited to the creative social scientist, who follows the tradition of writing up research in an argumentative, interpretive fashion, but not precluding the use of modes of representation that may capture the data optimally. In describing all these possibilities of working the data into a landscape and portrait or sketch, Henning emphasises the importance of the researcher remaining close to the data. The researcher should try to be economical with words and paint lightly, rather than in brash, broad strokes, over the data, without distortion or redefinition. All tools are strong enough to stand alone, but researchers need to develop sensitivities and skill to be able to craft a trustworthy global analysis.

The idea is to see patterns through connections not evident in the raw data, but which come to life because of the researcher's interpretation and organisation. Henning (2004) suggests the following steps in global analysis, which was adopted in this study:

1. Read a set of data
2. Compose a verbal landscape in which not only the person is painted, but also the setting.
3. Use “global data” in terms of general overview information such as introductions, or demographic data, as line sketches
4. Form a concept, or mind map, around a central concept, trying to link all the information in the data set without seeing items on their own. If items are not used, they are noted in the memorandum that accompanies the concept map and reasons are given as to why they are not included – usually because they do not fit the emerging pattern. If the overriding theme lies in the traits of a person, then a portrait is composed. Around this main concept, other characteristics are networked, connected and eliminated, until the data set is empty. Henning describes this as both an inductive and deductive process: while data may inform the concept mapping, the mapping itself informs the analyst to select data for the next connection in the network. The logic is described as “somewhat different” to that of conventional content analysis (Henning, 2004, p. 112).
5. Paint a portrait. This story is not fictional, but rests squarely on noted data. Only the researcher can tell the story; this is different from narrative analysis with discourse analysis. Henning (2004) describes this as a most valuable technique in her own work, putting data together in what is acceptably a story, with the licence of the ethical researcher and not with poetic licence.
6. Place left-over data in a collage to make a pattern of meaning. The unifying characteristic of these data items is that they are outliers, indicating a limitation of research design, or the possibility of extending the research question.

In considering the “big ideas”, the context and consistency of responses of the focus group methodology, themes were then developed around the concepts detailed in the global analysis.

5.5.3 Validity and reliability

Internal validity of qualitative data is a complex issue, requiring the representation of reality and feedback obtained from participants be recorded in a truthful way. Hammersley (1990) proposed that the two key elements of validity are plausibility and credibility. The former determines whether or not a claim seems plausible, that is, whether we judge it as likely to be

true given our existing knowledge. He adds that some claims are so plausible that we can immediately accept them at face value, while others require the presentation of evidence. In the latter instance, the judgement of the credibility of a claim must be taken, given the nature of the phenomenon concerned and the circumstances of the research. It is fully acknowledged that both plausibility and credibility are social judgements, which may not be consensual, since there may be different views about what is plausible and credible (Denzin & Lincoln, 2003).

To establish the plausibility and credibility of this study, the researcher has utilised a workshop which was designed as part of a doctoral dissertation of Cane (2000), which is taught internationally in over 35 countries. Research on benefits of the training has been recorded by other international researchers (Cane, 2000; Hess, 2009; Howard, 2006) and the researcher has been trained by Dr Cane, experiencing personally the benefits of transpersonal techniques.

In attempting to capture the “truth” of teaching conditions in a plausible and credible manner in Metros South and Central, the researcher did not merely record impressions from an outside, academic perspective. Rather, the researcher has first-hand, lived experience of the conditions in schools. As a Capacitar trainer for several years, she has worked closely with psychologists and teachers in Mitchells Plain. Then, as counselling coordinator and subsequently wellness manager at CASE, an NGO aimed at Community Action towards a Safer Environment, in Hanover Park, she has been responsible for the well-being and working conditions of community counsellors in the schools for almost a year prior to and during the research project. This work involved meeting and talking to teachers and headmasters, examining conditions in classrooms and community counsellor therapy rooms, and working with and training stressed and traumatised teachers and counsellors. The qualitative text analysis that follows draws on the focus group interviews, as well as lived experience in discussions with headmasters, teachers and school psychologists in natural settings. The researcher has also worked with the children in the schools, being present in therapy sessions, helping counsellors to run workshops and writing and editing manuals to help counsellors plan community group meetings around issues such as parenting, women’s wellness, bereavement and anger management.

In seeking to gain information, the researcher asked open-ended questions in the focus group interview and did not comment personally or direct conversation in any way. A full transcription of the interview was made immediately after the meeting to ensure an account was recorded which was still fresh in the mind of the researcher. A global analysis approach was adopted in data analysis. Feedback was obtained from the focus group in a follow-up meeting, and inter-rater collaboration on themes was conducted with two professional social workers and an educational psychologist. In addition, Dr Cane reviewed the final draft of this thesis and commented on areas she felt needed elucidation.

Another reason for carrying out focus group interviews with global analysis interpretation is in consideration of the Hawthorne effect in quasi-experiments (Adair, 1984). The issue is that an experimental effect depends on the participants' interpretation of the situation, which may not be at all like the experimenter's interpretation. The right method is described as post-experimental interviews in depth, with care, to discover participants' interpretations. Adair thinks it is not awareness per se; nor special attention per se; but the investigation of participants' interpretation to discover if/how the experimental conditions interact with the participants' goals (in participants' view). This can affect whether participants believe something, if they act on it or do not see it as in their interest. The researcher has attempted to take the participants' interpretation of the situation into consideration in the qualitative analysis.

In discussing reliability and validity of focus group data, Fern (2001) states that reliability requires conducting a systematic analysis of the transcripts or tapes to check for the consistency, stability and equivalence of moderating procedures across groups. He considers the coding scheme as critical. Inter-rater analysis of data was conducted in this study for reliability, as well as feedback from participants. Coding schemes, however, were not utilised in global analysis.

As far as validity is concerned, Hoijer, as cited in Fern (2001), states that face validity can be assessed in focus group research. This is validity of the inferences drawn from focus group findings, rather than the validity of the focus group method per se. Thus, the method needs to fit the research purpose and the research plan needs to have been properly implemented. The researcher needs to check the following:

1. Group composition (which reflected workshop participants);
2. The appropriateness of the interview location (a private room at Lentegeur Hospital, where training was conducted close-by);
3. Group process (considering globalism of the group, or its diversity, which was achieved; differentiation, which was not a problem as members had attended a workshop over eight days and were familiar with each other; and social integration, which was achieved by members being on equal terms in a familiar setting);
4. Moderator characteristics and style (a directive, structured approach was taken due to the investigative nature of the research; however, within these boundaries, participants were free to express their impressions without interruption or prejudice);
5. Data coding and analysis (a global analysis approach was taken, arriving at big ideas, or themes).

Objectivity in qualitative research is described as a “chimera” by Guba and Lincoln, 2005, p.208). This is a mythological creature that does not exist, save in the imaginations of those who believe that knowing can be separated from the knower. The researcher’s responses to the social conditions, reactions and needs of HIV/Aids coordinator teachers in the Western Cape is based on the “crystallisation” rather than “triangulation” process. The triangle is a rigid, fixed, two-dimensional object. The crystal, rather, combines symmetry and substance with an infinite variety of shapes, transmutations, multi-dimensionality and angles of approach (Richardson, as cited in Guba & Lincoln):

Crystallisation, without losing structure, deconstructs the traditional view of ‘validity’ (we feel how there is no single truth, we see how texts validate themselves) and crystallisation provides us with a deepened, complex, thoroughly partial understanding of the topic. Paradoxically, we know more and doubt what we know (Guba & Lincoln, 2005, p. 208).

5.6 Ethics

The need to protect the rights and privacy of the HIV/Aids coordinator teachers was considered, as well as their vulnerability given the focus on stress and burnout of the study. In obtaining signed consent from participants, anonymity was assured. Referral options were also

given in the event of any adverse reaction, although this did not prove necessary during workshops. In addition, members of the control group were given the opportunity to attend Capacitar workshops when the research project was completed.

Ethical clearance was secured from the University of Stellenbosch Ethics Committee, under the auspices of the Psychology Department. Permission was also obtained from Dr Pat Cane, Capacitar International and from the Western Cape Education Department. Headmasters from all the schools that teachers were drawn were informed of their staff participation in the research.

Confidentiality of the test scores and interview data was assured, with only the researcher having access to data and a code was used to protect the participants' identities. As the researcher and participants come from different race and cultural groups, the culture, language, beliefs and customs of participants were respected throughout. The participants were encouraged to complete the training, but the right to withdraw at any time was respected, without giving any reason or having to face unfair or negative consequences. Informed consent was obtained and participants were given a choice as to which language they would like the questionnaires to be in, with transcripts available in Afrikaans and Xhosa.

5.7 Reflexivity

Reflexivity is the process of reflecting critically on the self as researcher, the “human as instrument” (Guba & Lincoln, 2005). It is described as a conscious experiencing of self as both enquirer and respondent, as teacher and learner, as the one coming to know the self within the processes of research itself. The many selves can fall into three categories: the research-based self; the brought self and the situationally-created self (Reinharz, as cited in Guba & Lincoln). I will attempt to reflect on myself within these three categories of self.

5.7.1 The research-based self

As the research-based self, I find myself as a Capacitar director and trainer researching, out of personal choice, transpersonal psychological practices in Capacitar workshops, which have made a profound impact on me personally. Dr Pat Cane, as my mentor and teacher, inspired me to study psychology at a time in my life (late-40s) when some would be considering retiring. Her depth of knowledge, care and commitment to healing convinced me that one person can make a profound difference in the lives of many.

In attempting to analyse myself as researcher, I ponder self-criticism, truth and error. Jung (1933, p. 118) puts these issues into perspective:

All too easily does self-criticism poison one's naïveté, that priceless possession, or rather gift, which no creative man can be without. At any rate, philosophical criticism has helped me to see that every psychology - my own included - has the character of a subjective confession. And yet I must prevent my critical powers from destroying my creativeness. I know that every word I utter carries with it something of myself... Even when I deal with empirical data, I am necessarily speaking about myself. But it is only by accepting this as inevitable that I can serve the cause of man's knowledge of man... Knowledge rests not upon truth alone, but upon error also.

Throughout the study I have been critically aware of inherent biases that could be present in my approach and technique. I have attempted to “objectively” describe the training to potential delegates, while at the same time “subjectively” highlighting the benefits, as I needed volunteers and participants! I have asked open-ended questions and attempted to not respond enthusiastically when delegates described life-changing moments, feeling my heart lift at these self-affirming statements, but trying not to smile too broadly or nod too fiercely. My spirits soared when I walked into the final day of Capacitar workshop training. The teachers who had sat stiffly in silence on the first day, a group of mostly strangers meeting to fill in pre-test questionnaires, were now engaged in laughter and chatter, disciplined but enthusiastic, connected and participative. A transition had taken place. My challenge as researcher is to understand and attempt to describe these experiences and changes, knowing that impartial truth and objectivity do not exist.

As researcher at the master's level, I was attracted to quantitative research as I wanted tangible evidence of my research results. However, I also wanted to investigate the qualitative side of transpersonal practices to capture the essence of this “heart” work. The profound difference that the training and workshops have made for me and the impact on hundreds of delegates that I have trained over the past seven years, were examples of what Cane (2000) described in her doctoral dissertation as “awakening a new heart”. I have chosen a global analytical

approach to the qualitative research in order to capture the portrait of members of the intervention group in the landscape of their school context, understanding their subjective feelings of transformation in Capacitar workshops. Indeed, it is my hope that the process of analysing and understanding this heart awakening lies at the core of this research project. Transpersonal psychology theory underpins the whole study, keeping a focus on the research question.

The scope and breadth of this mixed-methods research is possibly beyond the minimum requirements for a master's thesis. Supervisor, Tony Naidoo, pointed out that the quantitative measures would have been adequate for the present study. However, having tackled the more than 1 200 pages of the Denzin and Lincoln (2005) "Handbook of qualitative research", I am richer and more humbled by my efforts to be a qualitative researcher and feel challenged by my choice of combining methodologies.

I feel privileged to stand at what is described as the threshold of research history, marked by multi-vocality, contested meanings, paradigmatic controversies and new textual forms. This is the era of emancipation - emancipation from the coerciveness of truth, from the hearing of only Western and European voices, from generations of silence and from seeing the world in one colour (Guba & Lincoln, 2005). These are exciting research times, indeed.

I identify, particularly, with solidarity research (Miller & Crabtree, 2005), described as resistance to global corporate capitalism. The aims of solidarity research are the aims of this research project: to learn from others in different circumstances; documenting and truth telling; restoring and nurturing personal and local community health, and weaving connections with other communities around the globe.

5.7.2 The brought self

In the brought self, the researcher's standpoint is created historically, socially and by personality. Historically, I was born in the mid-1950s in Sinoia, Rhodesia, now Chinoia, Zimbabwe, on a tobacco farm which has since been expropriated by the Mugabe Government. I am a product of colonial Africa, attending a multiracial convent school in Harare, where I mixed freely with all races and studied British GCE "O" and "A" levels. Although I excelled academically at school, being awarded colours for obtaining five distinctions in "O" levels, and I could recite the kings and queens of England, I was ignorant of the local history and

customs of my fellow Shona countrymen. I did not know of the impending bush war looming when I left school and started studying languages at Natal University, Durban.

My political naivety – at the time I was aware of apartheid, but felt that my countrymen were “free” as there was no official discriminatory legislation in Zimbabwe – came to an abrupt halt when I enrolled in Dr Rick Turner’s political science lectures. I had planned to study speech and drama, but found the Natal heat too oppressive for the song and dance required and turned instead to politics. A heat of a different kind was turned up in the lecture halls. Dr Turner was under political surveillance. The following year he was banned and subsequently shot late one night when he answered a knock at the door. Those were tumultuous and tragic times as South African history unfolded, heading towards democracy.

Socially, I consider myself to be in a professional class. My husband is a forensic accountant with a Master of Business Administration degree. We are both career orientated, focused on launching our four children, including identical twin girls, on their lives’ paths. Personality-wise, I consider myself to be a “carer”, tending to look out for others before myself. Part of my learning has been to take care of my own needs first, greatly assisted by Capacitar’s teaching: “Healing ourselves, healing our world”.

5.7.3 The situational self

As researcher I am not sure how literally to interpret the situational self, but at this moment in time I am gazing over the Indian ocean on the Mozambiquan southern coast at Jeff’s Resort in Guinjata, typing on a laptop brought on holiday from the wintry South African Cape. My life is not normally as idyllic as this, surrounded by coconut palms, sunny skies and the thought of fresh prawns and locally baked ‘pau’ (pronounced ‘pow’) rolls for supper.

I usually spend most of my day as wellness manager at CASE, a not-for-profit organisation attempting to uplift a traumatised and violent community in Hanover Park. Inspired by my boss, clinical psychologist, Lane Benjamin, I have been assisting staff, teachers and community counsellors to cope with the trauma which they encounter on a daily basis in the schools, dealing with children suffering from neglect, substance abuse, dysfunctional families, violence, sexual abuse, poverty...the list goes on and on. Lane is assisting me in an internship in trauma counselling with these counsellors. Mozambique is a world away from the challenging one I chose to work in.

The threads of my research, work and personal life have been woven into a richly textured cloth of diverse life experiences. As I gaze through the palm trees, I see pockets of self-sustaining villages dot the countryside, with people growing vegetables, baking bread and making a living. Back home in Hanover Park, with its social problems, life does not seem so simple. However, with the tools and knowledge acquired in psychology, I hope to make a difference. The Pat Canes, Rick Turners, Tony Naidoo and Lane Benjamins of this world have inspired me to find a positive way forward. It is my hope that this research project is one such positive step in my path.

My awareness of the multiple selves has raised my mindfulness of the subjective-objective, participant-researcher, positivist-interpretivist, researcher-interventionist roles that I have found myself straddling. With delegates representing different cultures and speaking different languages to the researcher, this could have influenced the relationship developed with the participants and possibly their communication of the lived experience of the Capacitar workshops. The researcher acknowledges that as a white, mature South African woman trained in transpersonal practices, issues such as attitude and approach, political orientation, power relations, education, social class, age, research aim and emotional investment in the research guided the research process from conceptualisation of the research question, through interviewing and analysis phase, as well as writing up the results.

However, as ethical researcher, I endeavoured to present the data as factually and objectively as possible, allowing the numbers and the words spoken to represent a “truth” which I endeavoured to analyse and interpret as impartially and unemotionally as possible. My deep understanding and commitment to transpersonal psychology and Capacitar provided enriching insights. Mindful of these issues, my approach was to be honest and faithful to the information and experiences as they were presented.

Aware of earlier observations that each word reflects a personal psychology, and that transpersonal work encapsulates the soul, I hope to have connected at this “being” rather than “doing” level of the multiple selves. Physical, cultural and intellectual differences exist between me and those I wish to engage with, and at deep and subtle levels these differences will have an impact, but my years as a transpersonal psychology student and trainer have shown me the power of connecting at the level of the soul, rather than superficial levels of

societal and physical manifestations. Whether moderating in the focus group and hearing the voices of the delegates, listening to recordings on tape, or capturing their responses of quantitative data, I feel a deep respect for the humanity that we share and I endeavour to reflect that experience in the manner of what can be known as “truth”.

During the research I witnessed an enthusiastic sharing of fellow human beings awakening to their journey of self-healing. Some did not continue on the path, while others gave surprising and seemingly contradictory information. My challenge is to record this with as much “scientific” accuracy as to make the research relevant to others. I acknowledge and welcome the multiple subjectivities of my role as enquirer and respondent, knowing that in these seemingly opposing or contradictory roles lies the heart of insight and knowledge.

5.8 Chapter Summary

This chapter has described the research methodology undertaken amongst HIV/Aids coordinator teachers in Metros South and Central, Department of Education, Western Cape. Demographic details of the intervention and control group delegates were given, together with the research design, and qualitative and quantitative methods used. An examination of validity and reliability of measures and the consideration of ethics were included, with a reflexive comment concluding the chapter.

CHAPTER SIX

Results

6.1 Introduction

As a sequential transformative mixed-methods approach, data from quantitative measures, were gathered and analysed, using SPSS (2005) computer software. The global analysis approach in the qualitative research of a focus group interview gave insights beyond the statistics.

6.2 Quantitative Data Analysis

Table 3 summarises the pre-scores of the intervention and control groups on the BAI and CBI personal, work and client measures.

Table 3

Independent Samples T Test Results: Pre-Scores of Intervention and Control Groups, BAI, CBIP, CBIW and CBIC

Measures	Group	Mean	SD	t	df	p
BAI pre	Intervention	16.48	10.80	0.326	52.00	0.745
	Control	15.40	13.26			
CBIP pre	Intervention	49.22	14.80	0.660	52.00	0.512
	Control	46.14	19.26			
CBIW pre	Intervention	45.76	17.72	0.363	52.00	0.718
	Control	43.73	23.04			
CBIC pre	Intervention	30.03	20.97	0.071	52.00	0.944
	Control	29.62	20.61			

Note: BAI – Beck Anxiety Inventory; CBIP – Copenhagen Burnout Inventory, Personal; CBIW – Copenhagen Burnout Inventory, Work; CBIC – Copenhagen Burnout Inventory, Client.

The similarities between the two groups can be seen, with no statistical differences between pre-scores on the BAI and CBI measures. In the pre-test scores, the intervention group suffers moderate anxiety; the control group suffers from mild-moderate anxiety (16.48 and 15.40 respectively). Table 4 shows pre- and post-test results of the intervention group on both measures of anxiety and burnout.

Table 4

Paired Samples T test: Pre- and Post-Scores, Intervention Group, BAI, CBIP, CBIW and CBIC

Measures	Mean	SD	df	t	p
BAI - total pre-scores	16.48	10.80			
BAI - total post-scores	8.56	7.92	26.00	3.75	.001**
CBIP - total pre-scores	49.22	14.80			
CBIP - total post-scores	38.80	13.37	26.00	3.93	.001**
CBIW - total pre-scores	45.77	17.72			
CBIW - total post-scores	43.74	14.61	26.00	4.15	.000**
CBIC - total pre-scores	30.03	20.97			
CBIC - total post-scores	23.30	12.13	26.00	1.96	.061

Note: BAI – Beck Anxiety Inventory; CBIP – Copenhagen Burnout Inventory, Personal; CBIW – Copenhagen Burnout Inventory, Work; CBIC – Copenhagen Burnout Inventory, Client.

** $p = <0.01$

There were significant post-test statistical differences on anxiety, personal and work burnout, but no significant difference on the burnout, client measure. Intervention delegates' levels of anxiety before transpersonal practices were moderate, dropping two levels to minimal after the intervention. Burnout levels reduced in intensity, in personal and work burnout and there was a reduction in client burnout, although not significant, indicating a trend in the direction of improvement.

Table 5 shows a comparison between pre- and post-scores of the control group on BAI and CBI measures.

Table 5

Paired Samples T Test: Pre- and Post-Scores, Control Group, BAI, CBIP, CBIW and CBIC

Measures	Mean	SD	df	t	p
BAI - total pre scores	15.40	13.26			
BAI - total post scores	13.07	11.42	26	1.013	.321
CBIP - total pre scores	46.14	19.26			
CBIP - total post scores	48.45	18.38	26	-.991	.331
CBIW - total pre scores	43.73	23.04			
CBIW - total post scores	42.46	20.52	26	.450	.657
CBIC - total pre scores	29.62	20.61			
CBIC - total post scores	31.48	18.39	26	-.587	.562

Note: BAI – Beck Anxiety Inventory; CBIP – Copenhagen Burnout Inventory, Personal; CBIW – Copenhagen Burnout Inventory, Work; CBIC – Copenhagen Burnout Inventory, Client.

It can be seen in Table 5 that, in contrast to the intervention group in Table 4, the control group showed no significant differences in anxiety and burnout between the pre- and post-tests. In fact, on two measures, personal burnout and client (children) burnout, scores increased, signifying a worsening of the burnout condition.

Table 6

Independent Samples T Test Results: Post-Scores of Intervention and Control Groups, BAI, CBIP, CBIW and CBIC

Measures	Group	Mean	SD	t	df	p
BAI post	Intervention	8.55	6.41			
	Control	13.07	11.42	1.792	52	0.079
CBIP post	Intervention	38.79	13.36			
	Control	48.45	18.36	2.208	52	0.032*
CBIW post	Intervention	32.36	17.72			
	Control	42.46	23.04	2.081	52	0.042*
CBIC post	Intervention	23.30	12.13			
	Control	31.48	18.39	1.929	52	0.059

Note: BAI – Beck Anxiety Inventory; CBIP – Copenhagen Burnout Inventory, Personal; CBIW – Copenhagen Burnout Inventory, Work; CBIC – Copenhagen Burnout Inventory, Client.

* $p = <0,05$

Table 6 compares post-scores of the intervention and control groups on measures of anxiety and burnout. There are significant differences between the personal and work burnout levels of the intervention and control groups.

6.3 Graphic Representation of Scores

Figures 1 – 5 are graphic representations of the mean scores of the intervention and control groups in the Beck Anxiety Inventory and Copenhagen Burnout Inventory measures.

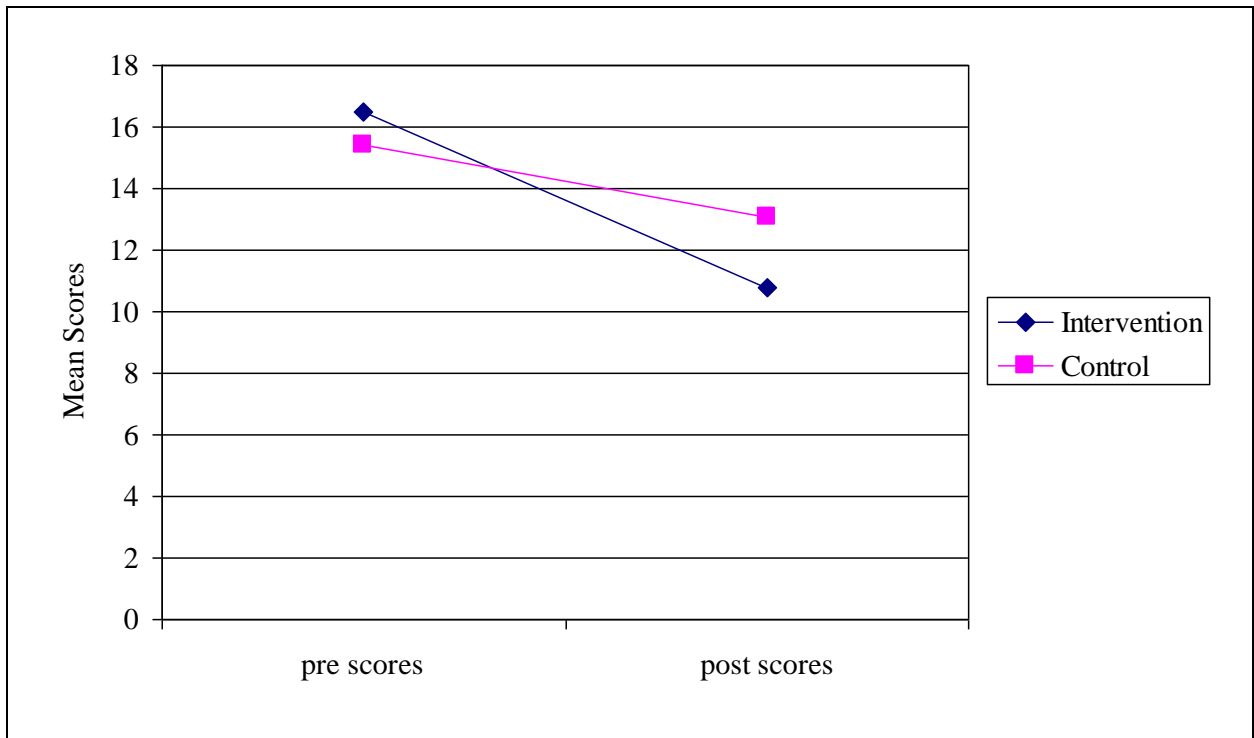


Figure 1. Graphic representation of the Beck Anxiety Inventory pre- and post-test mean scores, intervention and control groups.

Figure 1 is a graphic representation of Beck Anxiety Inventory mean scores of the intervention and control groups. It can be seen that anxiety post-test scores of the intervention group are lower than post-test scores of the control group. Internal consistency of pre-test items was measured with Cronbach's alpha, which yielded a good reliability score of .93.

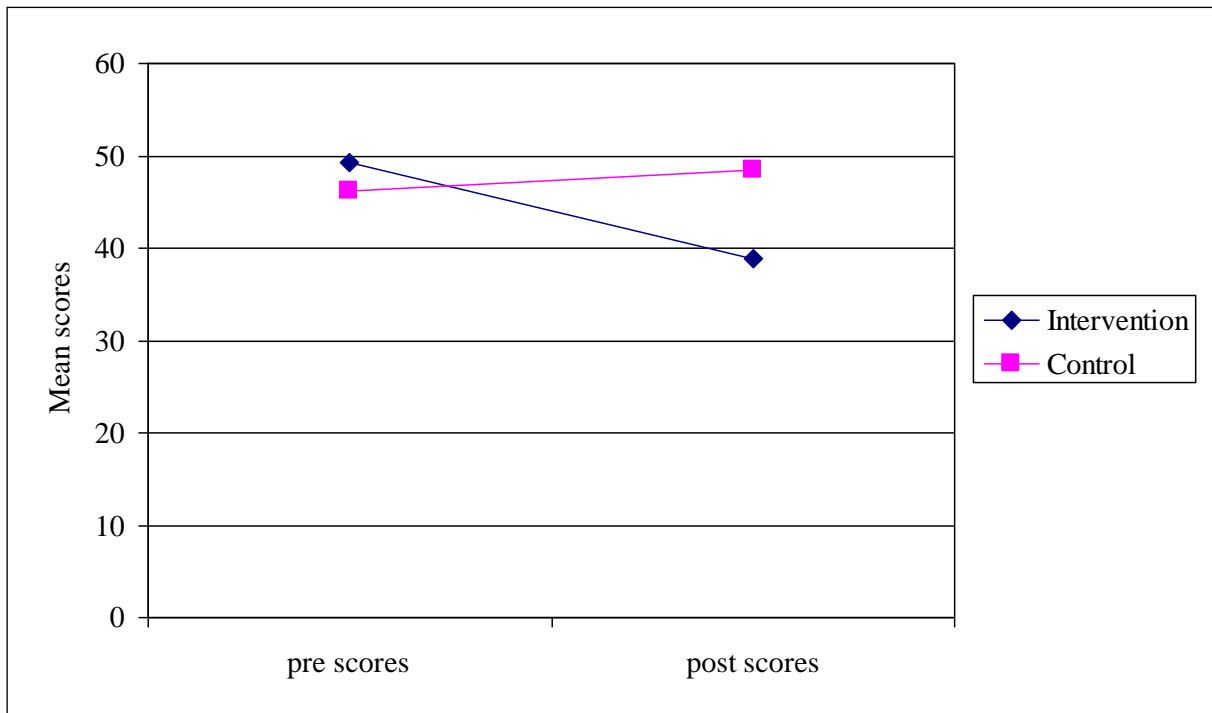


Figure 2. Graphic representation of the Copenhagen Burnout Inventory: personal pre- and post-test mean scores, intervention and control groups.

Figure 2 is a graphic representation of the Copenhagen Burnout Inventory, personal scores. The intervention post-test personal burnout levels dropped significantly after the transpersonal intervention in comparison with the control group, whose scores actually increased in the same time period. Cronbach's alpha reliability score for burnout, personal pre-test measure was .85.

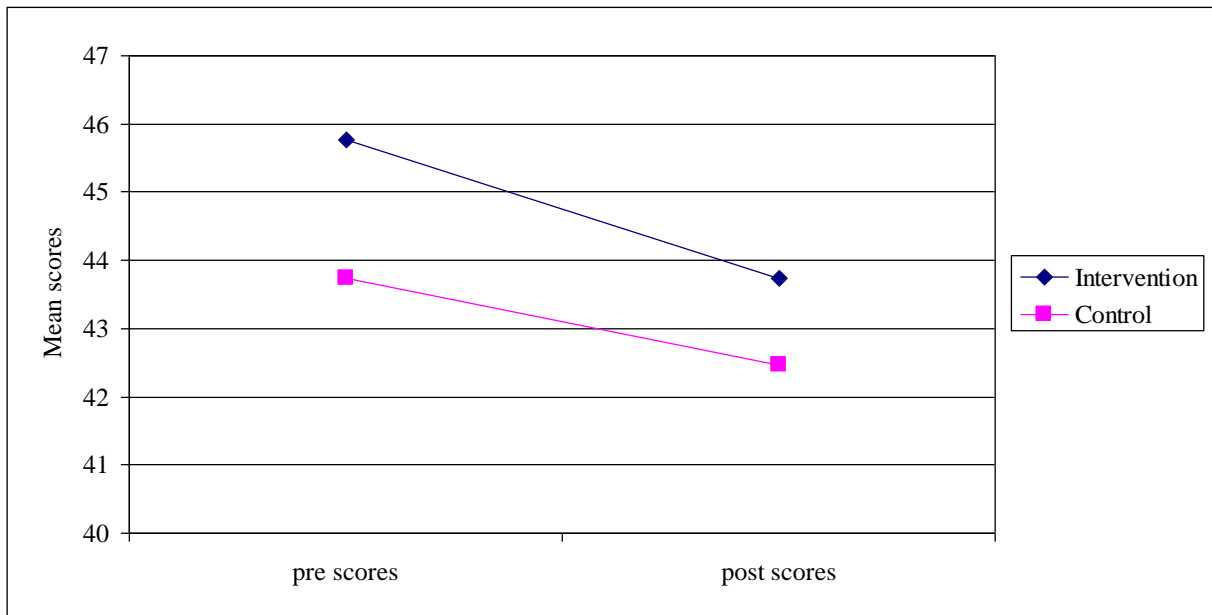


Figure 3. Graphic representation of the Copenhagen Burnout Inventory: pre- and post-test mean work scores, intervention and control groups.

Figure 3 is a graphic representation of the Copenhagen Burnout Inventory, work scores. While both the intervention and control groups had reduced scores of work burnout, there is a significant difference between the degree of change between the two groups, with the intervention group showing significant reduction in work burnout levels after the transpersonal intervention. Cronbach's alpha score for burnout, work pre-test was .87, indicating good reliability for internal consistency.

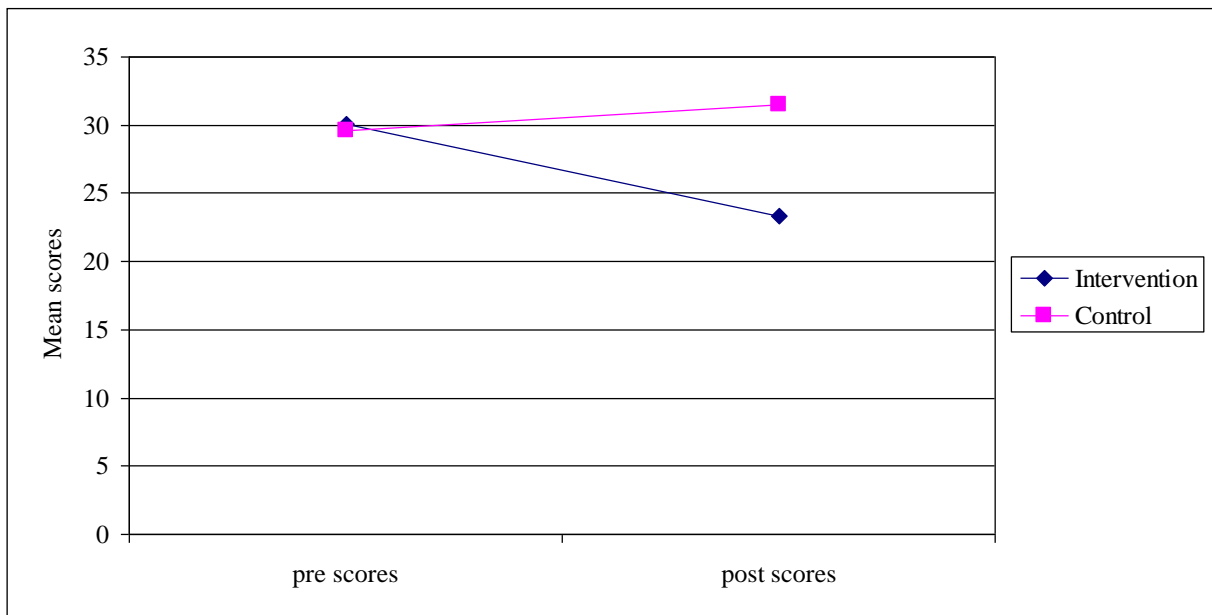


Figure 4. Graphic representation of the Copenhagen Burnout Inventory: pre- and post-test mean client scores, intervention and control groups.

Figure 4 is a graphic presentation of the Copenhagen Burnout Inventory, client scores. While the client and control group pre-scores of client burnout started at the same level, control group post-scores of client burnout rose; the intervention group post-scores dropped in levels of client burnout after the transpersonal intervention. Cronbach's alpha score on the pre-test of the burnout client measure was .83, indicating good internal consistency reliability.

6.4 Summary of Quantitative Results

The intervention group showed significant differences in pre- and post-test scores on anxiety and burnout in paired t test results, while the control group showed no differences in paired t test pre- and post-scoring. In independent t test results, post-test scores of the intervention group show statistically significant reductions in personal and work burnout after the transpersonal intervention, compared with the control group. While not significantly different, anxiety and client post-test burnout levels dropped in the intervention group in comparison to the control group. The control group, in fact, increased in personal and client post-test levels

of burnout. Pre-tests of all four measures indicated good reliability of internal consistency, based on Cronbach's alpha, indicating the suitability of these tests in the context of this study.

6.5 Qualitative Study

The global analysis approach first described the landscape in which HIV/Aids coordinator teachers worked, looking at conditions in schools as well as stressors encountered. Information was obtained from focus group data and interviews conducted in the broader schools context. The researcher's lived experience in the context of the study constituted a knowledge source, and discussions with significant role players also served as a source of data for the study.

An individual mind map was constructed with the central ideas of focus interview comments, demographic information and workshop questionnaires, ending in a descriptive portrait of each focus group member. Line sketches included unused information, which provided background or further insights. Memorandum data comprised information not used, such as suggestion for workshop improvements. Collage outliers were made up of information considered beyond the research study. Finally, broad themes were drawn out of this global analysis of text.

6.5.1 Landscape of teaching

The teaching landscape in disadvantaged areas in both South and Central Metros, such as Mitchells Plain, Phillipi and Hanover Park, was described by a headmaster in Central Metro as "bleak" (R. Theys, personal communication, September 1, 2009). He stated that the challenges facing teachers were enormous, leading to burnout and absenteeism. In under-resourced schools, up to 50% of children in a class of over 40 children were unlikely to pass, or were unable to learn due to physical and mental disabilities. Teaching assistants and remedial teachers were no longer based in the schools due to lack of funding, and there were only a few school psychologists and social workers for thousands of children.

The issue of corporal punishment was a major controversy. Violence and lack of discipline were core problems, but detention was no deterrent for dysfunctional behavior. On top of these challenges were curriculum demands imposed by the Department of Education, with high expectations of assessment and administration tasks, with which the teachers were unable to cope.

There was not a culture of learning in many areas where schools operated. Metro South Education District, however, was a nodal area, prioritised for development by the National Government, and Mitchells Plain was a presidential nodal area. This district had also been chosen as a model urban district by the Department of Education. According to B. Daniels, Chief Education Specialist: Specialised Learner and Educator Support, Metro South, Department of Education:

A number of innovative projects are being run in this district, including Capacitar. Efforts are thus being made here to improve conditions for schools, but this is not enough and it is not widespread. However, successes may lead to wider implementation of improvements in other areas (Personal communication, September 18, 2009).

In Hanover Park, for example, most residents have only passed Grade 8 to 11, with survival on the street being the accepted norm. Most residents are in elementary employment, with others employed as clerks and tradesmen (Statistics South Africa Consensus, 1996). Pass rates at schools range from matric passes of 30-50% down to as low as 10% in lower classes (R. Theys, personal communication, September 1, 2009). National statistics given by the Minister of Education, Western Cape, reflect this alarming trend: At present, only 30% of school children entering Grade R will complete matric, and only 15% of these matriculants will achieve university exemption. Of those attending university, only 5% will graduate. In Australia, this figure is 70%. (Grant, 2009).

Social conditions are often also grim. One 14 year old girl, in a workshop on emotions, was asked by the researcher, in her capacity as CASE Wellness Manager, to write what emotion she felt and why. The learner handed in a penciled note: "I feel sad because I live in a 2-roomed house with 20 people and both my parents are drug addicts". In CASE's board room there is a display of items removed from primary school children who take part in FACE, an after-care programme. In the display are dangerous objects like knives, screwdrivers and other confiscated items like dice, for gambling, and cigarette lighters for smoking and drugs.

School facilities in underprivileged areas are generally poor. In Hanover Park some buildings are prefabricated, which are icy cold in winter and hot in summer, with no air-conditioning. There is land, but no finances to maintain facilities, such as sports fields. In some central

schools, carthorses and goats graze in the school fields. The premises are bare and derelict, filled with rubbish. “We are educating children in prisons. Due to the high crime rate, we teach in concrete jungles, with barbed wire fences and burglar bars to keep the criminals out, but have we considered the children who are locked inside the prison, trying to learn?” (R. Theys, personal communication, September 1, 2009).

The challenge of being a teacher in South Africa is to avoid burnout in trying to achieve the multiple roles needed to fulfill teaching obligations in deprived environments. With schools suffering from severe staff shortages, teachers have been described as policemen, sexologists, criminologists, psychologists, drug counsellors, doctors, nurses, sports coaches, tour guides, peace-makers, pastors, fundraisers for the state, not to mention educators – which means applying assessment and filing skills, rather than teaching (Bloch, 2009).

6.5.1.1 Demographic stressor information

The teaching landscape portrayed above is supported by the demographic information on stressors provided by HIV/Aids coordinator teachers at the pre-test phase of this study. The multiple challenges faced by those in the intervention and control groups are outlined in Figures 5 - 9.

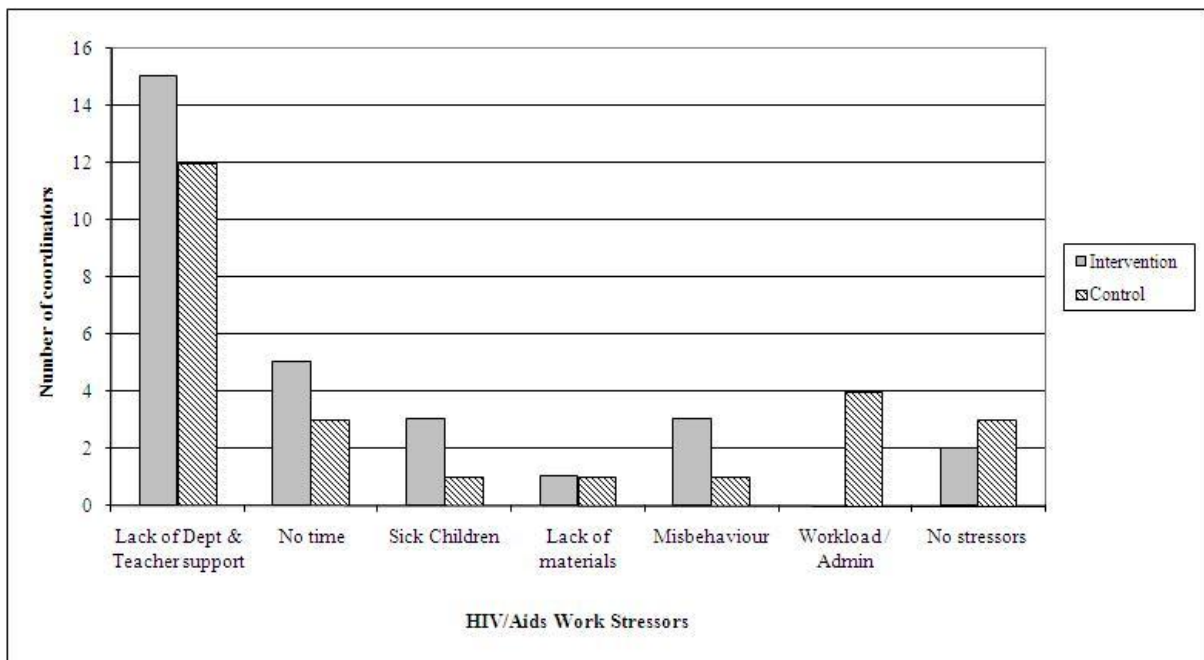


Figure 5. Work stressors of HIV/Aids coordinators, intervention and control groups.

Figure 5 shows work stressors felt by teachers in their role as HIV/Aids coordinators. By far the biggest stressor encountered by HIV/Aids coordinator teachers in the work context is lack of departmental and, particularly, staff support. Comments include: *“There is lack of interest by everyone.” “It (HIV/Aids) is a victim of overkill.” “The principal and some staff show no interest or little interest.”* Other stressors include no time to complete tasks, dealing with infected children, lack of materials, misbehaviour of children and work overload. *“Too much is expected of me.” “I am doing too much to organise activities, attend meetings and workshops.”* A few coordinators, however, do not find the responsibilities stressful at all.

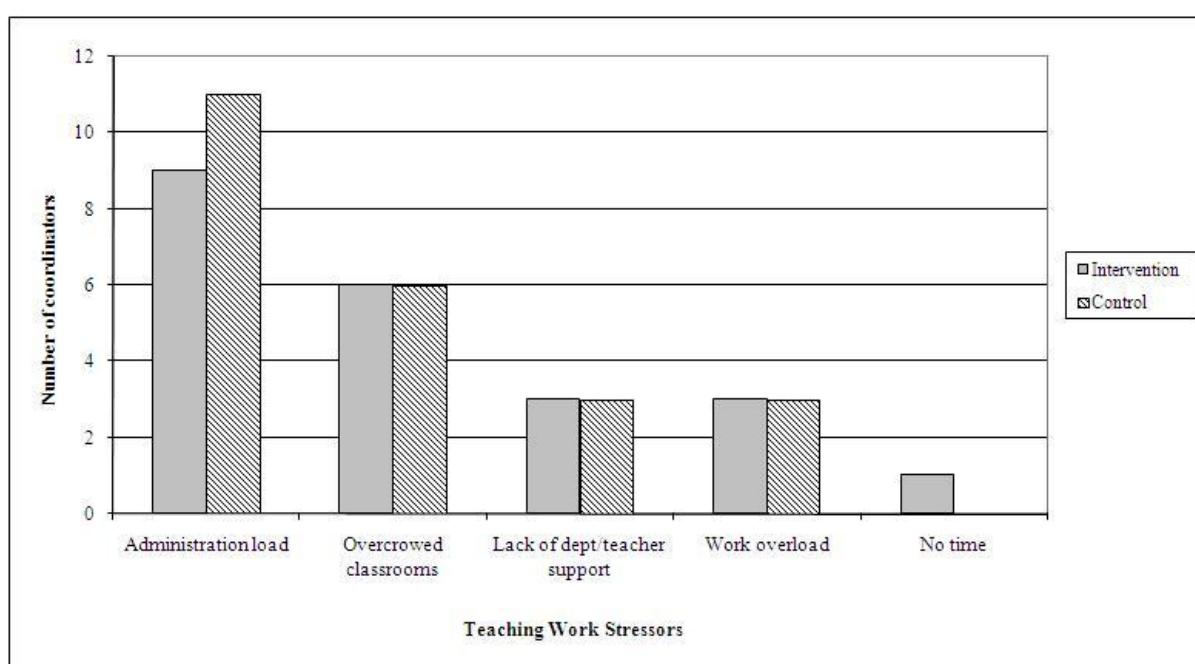


Figure 6. Teaching stressors, intervention and control groups.

Figure 6 analyses the general teaching stressors listed by HIV/Aids coordinators in the intervention and control groups. In their role as teachers, the administrative load was the overwhelming work stressor. *“Teaching is stressful because of lots of paper work and curriculum changes.”* Overcrowded classes are also a stressor: *“The big classes (total number of learners).”* Lack of departmental and teacher support, like in the HIV/Aids role, were also problems. *“There are no incentives, no acknowledgement.” “I get very little assistance from other teachers.”* Work overload was also listed as a stressor: *“Lots and lots of meetings.”*

“The Department expects you to perform too many roles. I do First Aid, HIV, sport, detention, etc.” Lack of time to complete tasks was also a stressor.

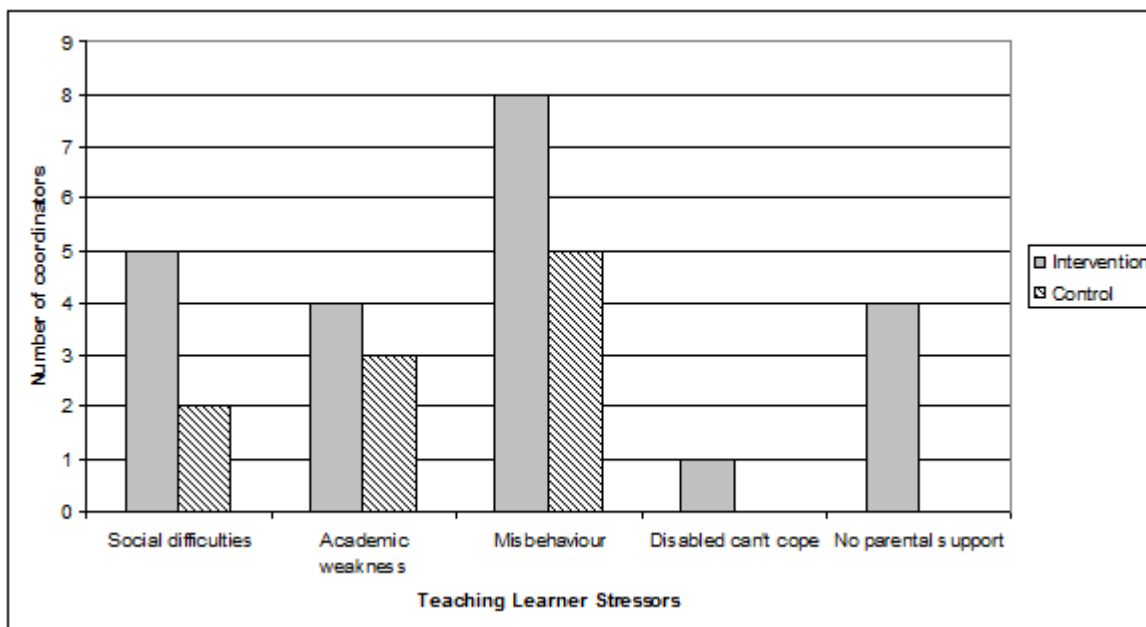


Figure 7. Learner stressors in teaching, intervention and control groups.

Figure 7 shows main stressors in teaching as far as learners are concerned. As far as learners were concerned, the biggest stressor was misbehaviour, followed by social difficulties, such as *“poverty, drugs, gangsterism”*, academic weakness and no parental support. One teacher was concerned that disabled children were not able to cope with the long teaching day.

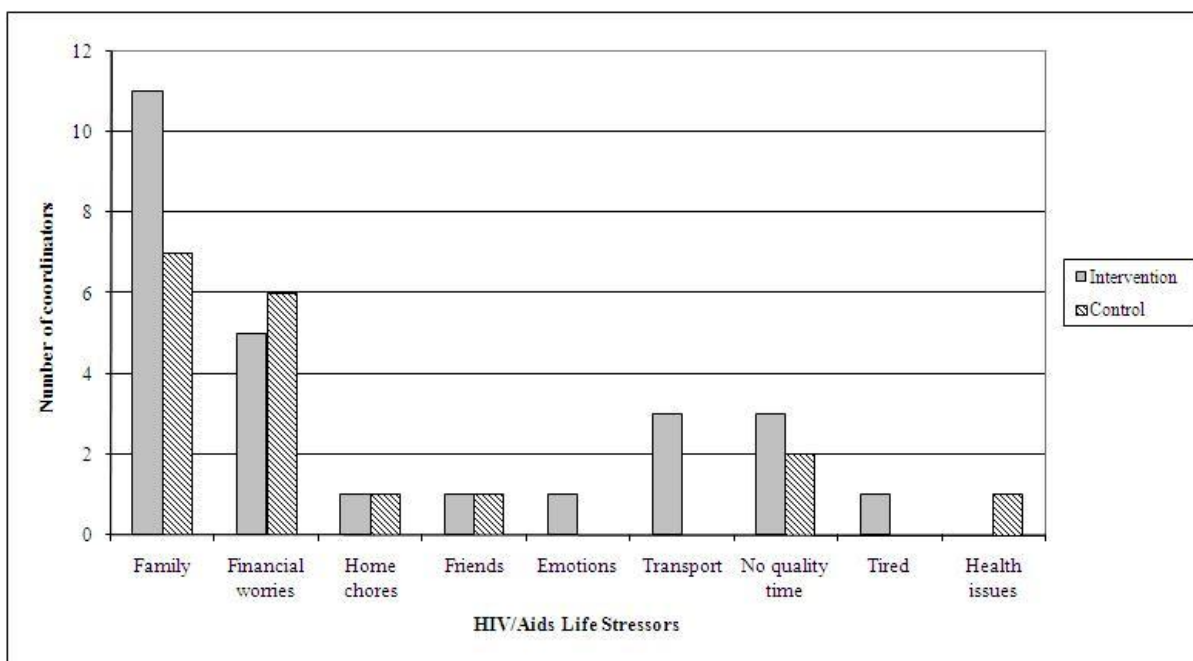


Figure 8. Personal life stressors affecting HIV/Aids coordinator teachers, intervention and control groups.

In looking beyond the classroom and their teaching roles, Figure 8 shows life stressors for HIV/Aids coordinators. Family problems were listed by both groups as being the largest life stressor. Children's emotional issues, substance abuse of spouses and children, death of a spouse, divorce and no support for children were some of the stressors listed. Financial worries were also high on the list: *"I could do with more money."* *"Financial, especially as the Department wants to reclaim money spent in 2006, which they already took off my capped leave."* Transport, like paying traffic fines on time and driving children around, was another stressor.

Work related problems also played a role as life stressors. The assessment of learners, lack of discipline of learners, a feeling of being stifled at work and general work pressure were listed as stressors. Social problems were also listed among life stressors. However, a few participants (n=2) felt no life stress. *"I'm actually stress free."* *"None."*

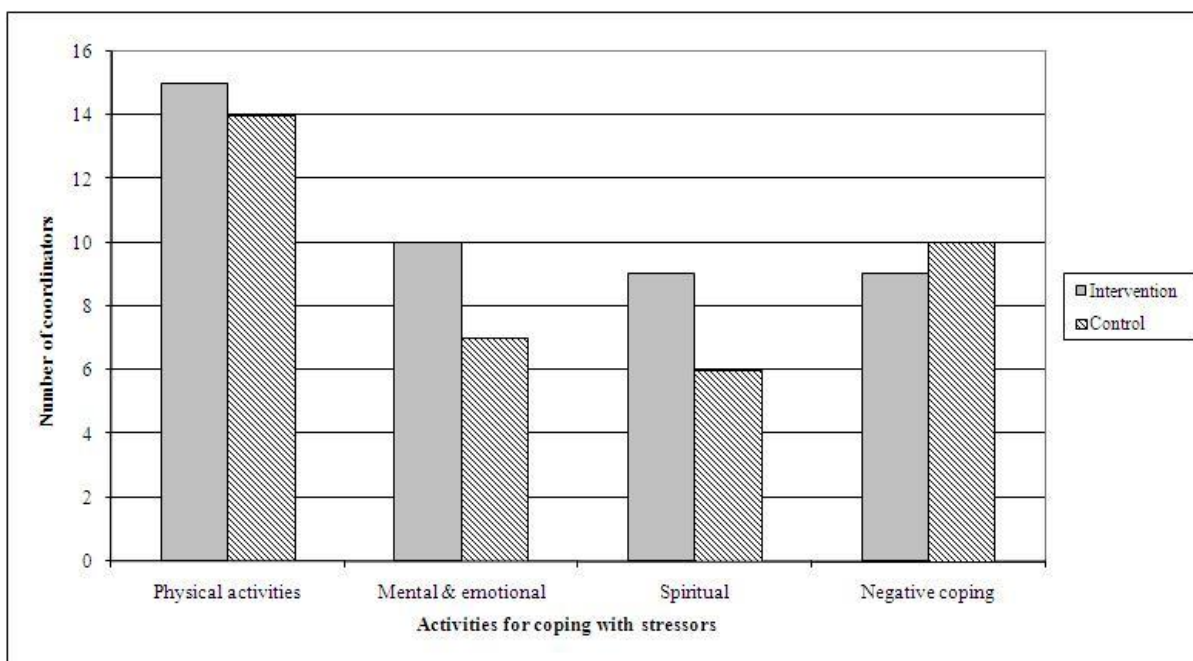


Figure 9. Activities to cope with stressors: intervention and control groups.

Figure 9 shows activities to which the HIV/Aids coordinators turn to help them cope with stressors. These activities were listed prior to the Capacitar intervention. The majority of intervention and control group members chose physical activity to cope with all the stressors listed above. These range from body work, like massage, to singing and dancing, shopping, exercise and listening to music. Some people gardened, others swam, walked, went to the movies, pursued hobbies, read books or scrapbooked. Mental and emotional coping involved therapy, crying or talking to people and saying positive affirmations. Spiritual coping tools included going inside oneself, prayer and meditation. Many participants chose negative coping mechanisms, such as denial: *“Help, nothing!”* or shutdown: *“I sleep a lot”*. Dysfunctional behaviours include being a workaholic or sexaholic, drinking, overeating and/or taking tablets.

6.5.1.2 Summary

Many schools in South and Central Metros were located in historically disadvantaged areas with inadequate facilities. Regardless of the socio-economic context of the schools, teachers in these Metros faced a number of stressors. As HIV/Aids coordinators, they were particularly affected by the disinterest and non-involvement of other teachers in matters related to HIV/Aids. They also felt lack of support from the Department. Added to these factors were

the general teaching burden of administrative and assessment tasks, personal stressors like feelings of helplessness and learner challenges, such as misbehaviour. Then there were life stressors, such as family problems and financial worries. All these factors could lead to stress and burnout amongst HIV/Aids coordinator teachers in the South and Central Metros. To cope, they turned to physical, emotional and spiritual activities, but many teachers (n=19) also had negative avoiding coping tools, like denial and dysfunctional behaviour.

Literature on coping with stress and burnout suggests defining the problem, setting objectives and taking action (Leiter & Maslach, 2005). In this study, teachers attempt to improve resilience by taking part in physical, emotional and spiritual activities. In all these activities, there is an increase of self-awareness, considered crucial in the reduction of stress and burnout (Gold & Roth, 2003). A personal sense of efficacy and optimism develops with repetition of successful problem-focused coping (Savicki, 2002). In pursuing physical, mental and spiritual activities and reducing levels of stress and burnout, teachers develop a sense of self-efficacy and optimism. Avoidance, or escaping from unpleasant feelings, has been linked to high levels of burnout, leading to a negative self-evaluation (Savicki). In the case of HIV/Aids coordinators, this negative self-evaluation did accompany the avoidance coping style.

6.6 Global Analysis

Altogether 10 intervention group HIV/Aids coordinator teachers took part in the focus group interview, yielding information used for the mind maps. Ancillary information, from demographic and workshop questionnaires, was also used to obtain as much data as possible. Line sketches included information not used in the mind map or portraits, but relevant as background insights, and memorandums included data not used as this information was beyond the scope of this study, or it was not applicable for the information used in mind maps and portraits. Delegates were referred to as DG1 – DG10 to assure confidentiality.

6.6.1 Global analysis data – DG1

6.6.1.1 Line sketches

Background: DGI, “The Healer”, was a Muslim, Shona-speaking single mother of one child of 13 years, originally from Zimbabwe. She taught an intermediate class in Mitchells Plain and lived in New Woodlands. She became an HIV/Aids coordinator to help children, finding it

very difficult to convince people that they still have a life to live after being diagnosed HIV positive.

6.6.1.2 Memorandum of data

What was most helpful in the workshops: *“Movement; Holds, Pal dan Gum, breathing, map of human consciousness, massage circle, Tai Chi”*.

Suggestions to improve workshops: *“Giving people the modules before the day for them to go through; pre-planning for the venue to avoid confusion and participants getting lost”*.

Criticism of workshop: *“Meals were just good and at least a cup of tea at the end of the day; in the future invite representatives of school children; more time to be given in the workshops to cover material”*.

6.6.1.3 Mind map of “The Healer”

Figure 10 is a mind map of DG1, showing that she discovered herself as a healer.

6.6.1.4 Portrait of “The Healer”

DG1 planned to use what she had learned in the Capacitar workshops in all aspects of her life – first of all on herself, with her family, with friends, at school and in the community. In terms of self-realisation, she discovered that you can heal without medicine and she said she would use the techniques for self-healing. DG1 realised she could manage her own emotions, and those of others and she discovered the powerful energy of her own hands. This feeling of empowerment was particularly important to her as an immigrant, feeling more able to cope in a foreign country.

With her family, she was able to *“handle the situation effectively”* when she visited her mother who was sick in hospital with cancer. She massaged her mother’s hands: *“We were learning and sharing with each other...I can see she is paying attention, and I can see she is opening her eyes and I can see something has definitely helped”*.

At school, activities like calm breathing and finger holds made the children happy – *“they want to learn more every time”*. It also helped her to manage her own emotions and empowered the children to reflect healing back to her, so teaching them skills to pass on: *“The children would remind me every time when I would be getting angry...then I would laugh and*

control myself". This exchange of energy brought a sense of excitement and connection in the classroom, with power roles being reversed between the teacher and children.

In the community, DG1 felt Capacitar had given her *"the confidence and courage to listen to the infected and affected"*. This was important for her: *"So that people who are alone can feel together. If they feel isolated, it is very difficult. If they know someone is there to talk and assist, it is very good"*. Her own loneliness and isolation as a single mother in a foreign country makes her better able to relate to the plight of HIV/Aids sufferers.

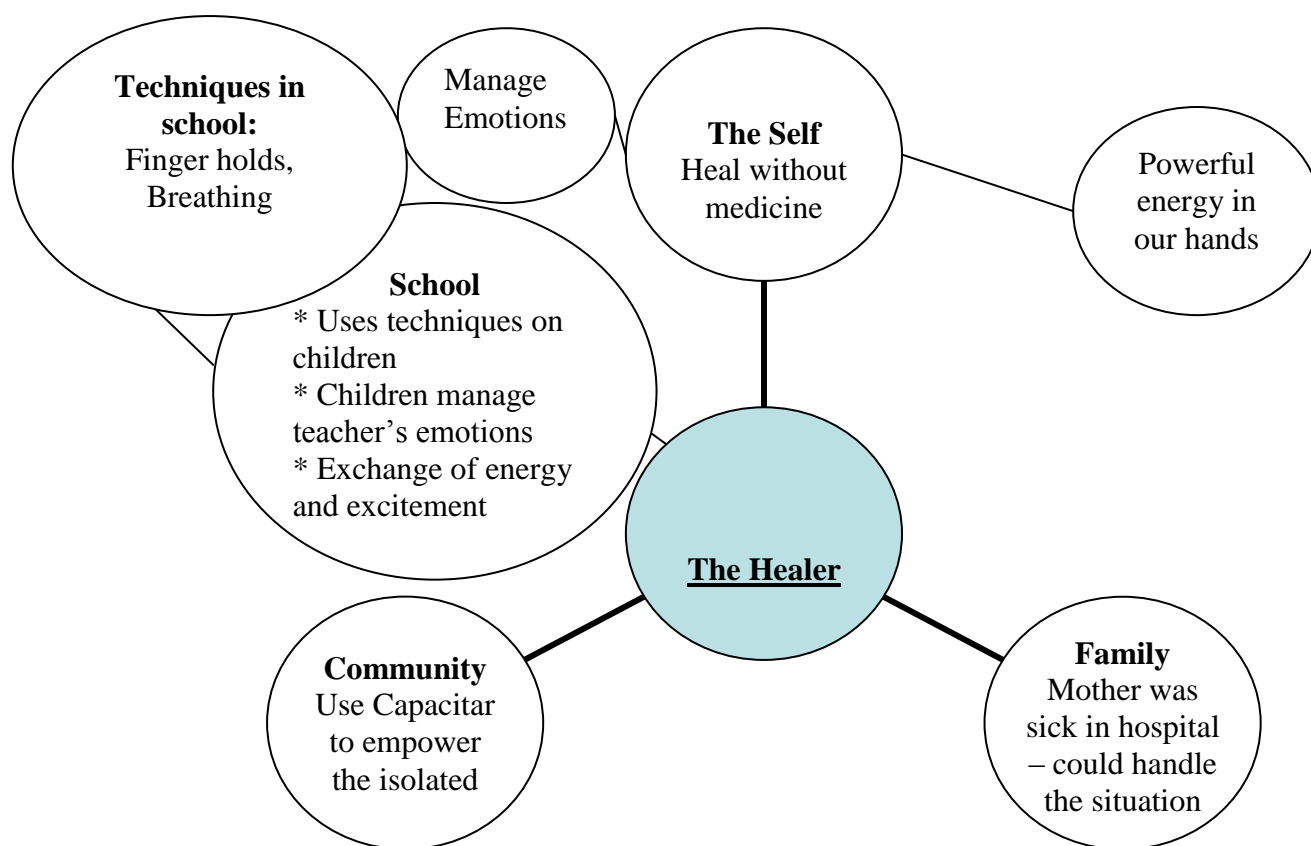


Figure 10. Mind map of "The healer".

Before learning these transpersonal healing techniques, DG1 described her way of dealing with stressors as *“praying a lot, leaving the burden to God”* and crying herself *“bitterly to sleep at times”*. She has been empowered with greater self-realisation and skills to help herself and others.

6.6.2 Global analysis data – DG2

6.6.2.1 Line sketches

Background: DG2, “The Self-Aware Counsellor”, was a bilingual 57 year old Muslim teacher, married with three adult sons and a daughter of 20. She worked in different schools as a counsellor, focusing on behaviour modification. She found counselling physically and mentally draining, describing her work as a counsellor *“most stressful”*.

6.6.2.2 Memorandum of data

What was most helpful in the workshops: *“Leadership Dance, self-care questionnaire, head holds, finger holds, safe space visualisation, breathing – in fact, everything was very useful/helpful”*.

Other suggestions about workshops: *“Venue, sort out catering, cater for all. Issue of Halaal, meat is bought at Halaal butcher but maybe not cooked in Halaal pots”*.

6.6.2.3 Mind map of “The Self-Aware Counsellor”

Figure 11 is a mind map of DG2, showing how she became a self-aware counsellor.

6.6.2.4 Portrait of “The Self-Aware Counsellor”

Prior to attending the workshops, DG2 described her work as physically and mentally draining and her job as counsellor *“most stressful”*. She found the workshops therapeutic and informative. On an informative level, she was more aware of herself, more disciplined, with a set of daily rituals. On the therapeutic level, DG2 found a new calmness. She gained acceptance and flexibility, *“just letting it flow”*. She particularly enjoyed the safe space meditation, which she said gave her a spiritual connection to her mother who had passed away. She also enjoyed the finger holds, which she said helped her cope with family difficulties.

She was particularly affected by the music in the workshops, enjoying the Leadership Dance. *“I found the Leadership Dance to be very powerful. It is so simple, but it worked for me. When I heard it the first time, I decided that song was really for me”*. Other benefits from the workshop were bonding with participants and sharing her learnings with others, like clients, children and friends. The Self-Aware Counsellor felt her skills had been enhanced as a carer. She became better equipped to be more effective and efficient, making a person understand and giving them hope, which is particularly relevant when dealing with HIV/Aids infected people:

This is for the infected person as well as the affected people. So much focus is on the HIV/Aids positive person, that you do not realise the person who is affected is also going through a traumatic time. You are under-equipped to deal with those as well.

DG2 enjoyed the flexibility of the healing tools in workshops as well as in one-on-one counselling. For example, she was asked to implement ice-breakers during a workshop. *“I told them the ice-breaker was to have fun and for blood circulation...I saw the communication...and people enjoyed it. For me, it’s amazing. You can do a lot with it.”*

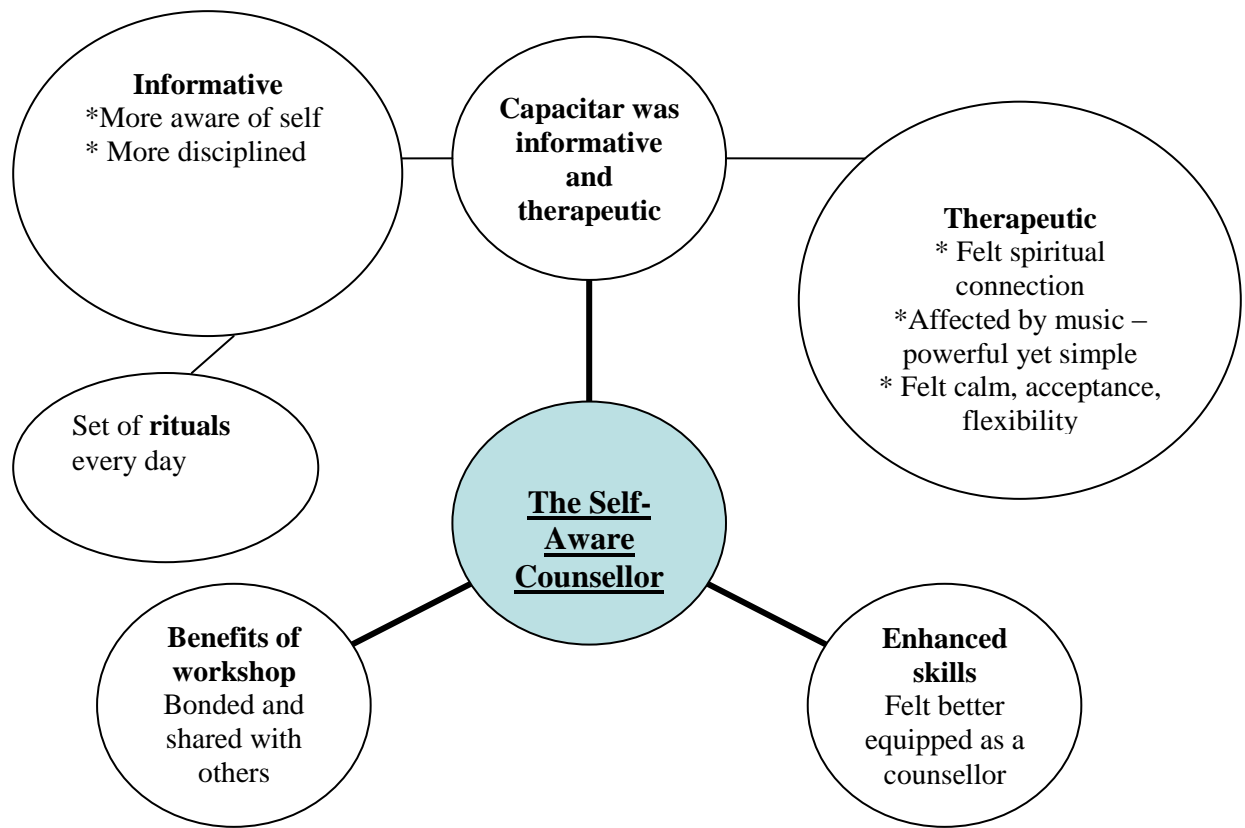


Figure 11. Mind map of “The self-aware counsellor”.

6.6.3 Global analysis data – DG3

6.6.3.1 Line sketches

Background: DG3, “The Calm Relaxer”, was a 58 year old educator who was married with a daughter of 16. She worked at a primary school in Mitchells Plain and lived in Goodwood. She was stressed by the large number of learners in her class – 47. She was also exhausted by the admin, “*assessments and more assessments*” which needed to be done. She volunteered in 2008 to assist in HIV/Aids “*to empower myself*”.

6.6.3.2 Memorandum of data

Comment about the workshop: *“The workshops should not only focus on HIV/Aids coordinators but on all teachers/educators”*.

6.6.3.3 Mind map of “The Calm Relaxer”

Figure 12 is a mind map of DG3, who learnt to relax, despite being active.

6.6.3.4 Portrait of “The Calm Relaxer”

DG3 is a self-confessed active and busy person, who was able to get out of performance and into being, as a result of insights gained in the training. She said: *“The workshops really worked for me”*. Being on the go and wanting things to always run smoothly, she often found herself in situations where she could not cope, feeling overwhelmed by the demands and high standards she set for herself.

She described finding herself through breathing: *“I learnt to really relax, find time to sit and just do nothing. Before, I could not see myself doing nothing”*. This focus on self allowed her to connect with herself and to feel empowered. She was able to use bodywork to shift negative energy, describing exercises like Tai Chi as *“wonderful”*. *“I could really let go, which is not easy, and push away the negative. The Tai Chi really works for me. I love it.”*

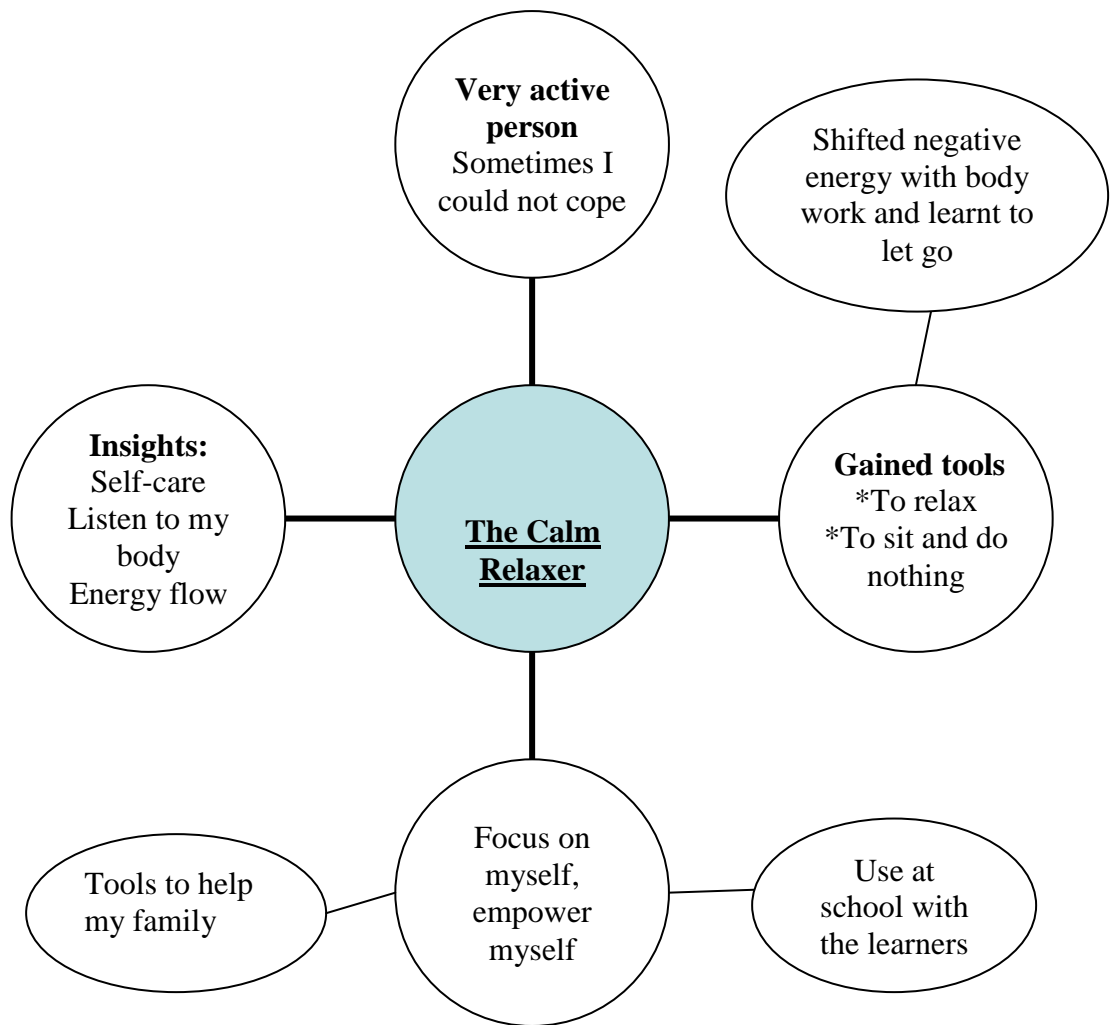


Figure 12. Mind map of “The calm relaxer”.

In the transpersonal workshops she gained insights into self-care and realised that she needed to listen to her body. She also enjoyed sharing her experience, was interested to learn about energy flow and enjoyed body work like the hand massage.

6.6.4 Global analysis data – DG4

6.6.4.1 Line sketches

Background: DG4, “The Empowered Helper”, was a 49 year old educator working in a primary school. She was a Christian, married with three children, ranging from 27 to 13 years

of age. She was challenged by the problems of her learners, who had learning difficulties. She was also challenged by her own son, who *“has a lot of anger in him and I don’t know how to help him”*. Dealing with stressors: DG4 described herself as shutting down when stressed. She sometimes found comfort in shopping, listening to music or *“eating a lot”*.

Highlights of the workshops: In the workshops she learnt about self care, and enjoyed many exercises, like finger holds, Tai Chi, breathing, cross-laterals, emotional freedom technique and massage. She enjoyed the map of human consciousness, and polarity for deep relaxation.

Personal discoveries: *“I’m a relaxed person. I can control my emotions. I know my body better. Breathing helped me to be healthier. I know how to deal with problems without getting angry. I control myself better”*.

6.6.4.2 Memorandum of data

Comments on workshop: *“Encourage other teachers to attend by sending educators who have already attended the workshops to schools to share their experiences. The workshop really changed me – I enjoyed every minute of it”*.

Other comments: *“Time was too short. I really enjoyed myself. I’m looking forward to the next session. You have given me a new life. More than that I cannot ask. Thank God for this workshop. God bless.”*

6.6.4.3 Mind Map of “The Empowered Helper”

Figure 13 is a mind map of DG4 of “The Empowered Helper”.

6.6.4.4 Portrait of “The Empowered Helper”

DG4, The Empowered Helper, thanked everyone – the trainers, the researcher and above all, God, for the opportunity to attend *“such a great workshop to heal myself”*. She said the transpersonal techniques healed her and changed her in many ways. Central to this change was a sense of self-empowerment and a belief in her ability to heal others.

With a gain of control over her life, DG4 became more emotionally intelligent: *“Now I am able to handle my emotions. Previously I would burst out, or say things which maybe at the end of the day I will regret”*. She also described the transpersonal techniques as tools which helped to raise consciousness: *“I’m personally conscious of what will be the outcome if I act*

like this or I act like that”. This knowledge gave her comfort and calmed her down and gave her the flexibility to choose from many healing options. This choice of owning her feelings was empowering:

Like when I am angry, it doesn’t mean you have to be angry. You can do the lion’s roar (Pal dan Gum) where you get rid of that anger that’s in your body. You can push away the things that you don’t want to be part of you (Tai Chi).

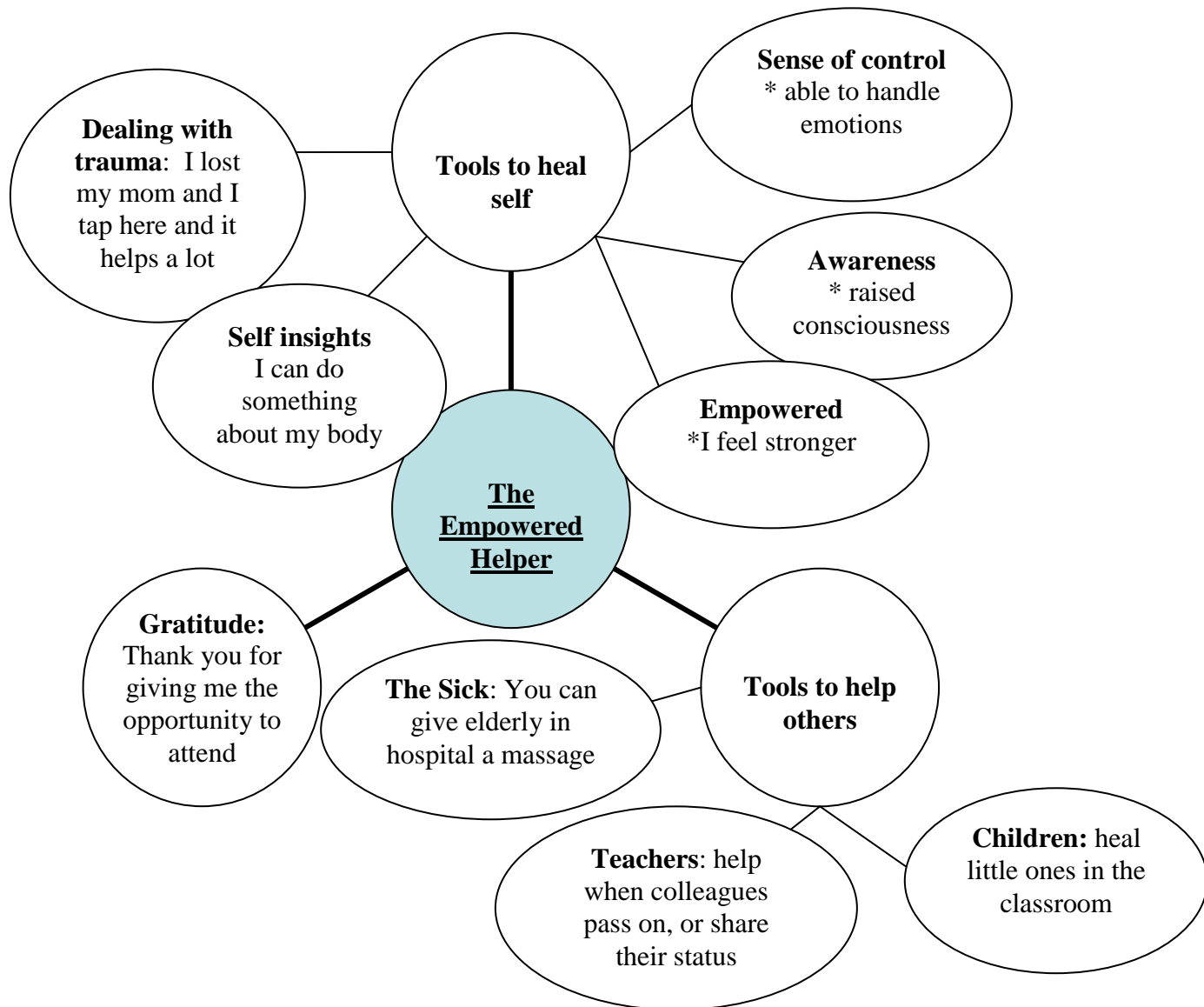


Figure 13. Mind map of “The empowered helper”.

Having experienced this healing, DG4 became more effective in her work, with a heightened sense of awareness: *“It doesn’t only change me, but heals the little ones inside the classroom...It’s another approach that helps them”*. She started to think about giving back to others, with self-affirmation and the development of self-esteem:

Sometimes elderly people are sick, they lay in the ward, not even getting visitors, with a lot of pain. But if you give them a massage, they will be grateful for that. And I thank God for these two beautiful hands – I realise there is a message behind your hands and that for me is something very beautiful.

This improved self esteem was in stark contrast with the helplessness she felt earlier with her son (see line sketch) and made her want to share with colleagues who were infected and share their status: *“There must be something in place so that we would know how to deal with it”*. She felt the transpersonal tools she has learnt *“will help 110%, so that we can share, and help them with their emotions and feelings and how to handle it”*.

She also wanted to help sick children at school and inform parents about HIV/Aids. She felt empowered as an HIV/Aids coordinator:

I feel stronger in the meetings. Previously I would sit in the meetings and I thought, will I be able to handle being an HIV/Aids coordinator? But last Wednesday I realised I must be here. There are people that need me. I can help people, actually, now with what I have learnt here.

6.6.5 Global analysis data – DG5

6.6.5.1 Line sketches

Background: DG5, “Balancing Emotions”, was a 45 year old Xhosa speaking educator from Mitchell’s Plain, who taught Grade 7 in Phillipi, where she had been for three years. She was single with a son (8) and daughter (16). She volunteered as an HIV/Aids coordinator assistant because she saw the need to facilitate and coordinate HIV/Aids workshops and awareness programmes. She was stressed by teachers not wanting to tackle the HIV/Aids issue and the vulnerable children also touched her. She was troubled by the lack of support for the emotional and psychological problems of learners. She also felt stressed by issues from her past. To cope, she talked to friends and planned to visit a counsellor.

Most helpful techniques learnt in the workshops: “*Tai Chi, the Emotional Freedom Technique, safe space visualisation, breathing and finger holds*”.

6.6.5.2 Memorandum of data

Suggested improvements: DG5 had issues with workshops on the weekends and suggested rather holding them in the school holidays. She also wanted the workshops to take place earlier on a Friday.

6.6.5.3 Mind map of “Balancing Emotions”

Figure 14 is a mind map of DG5 – “Balancing Emotions”.

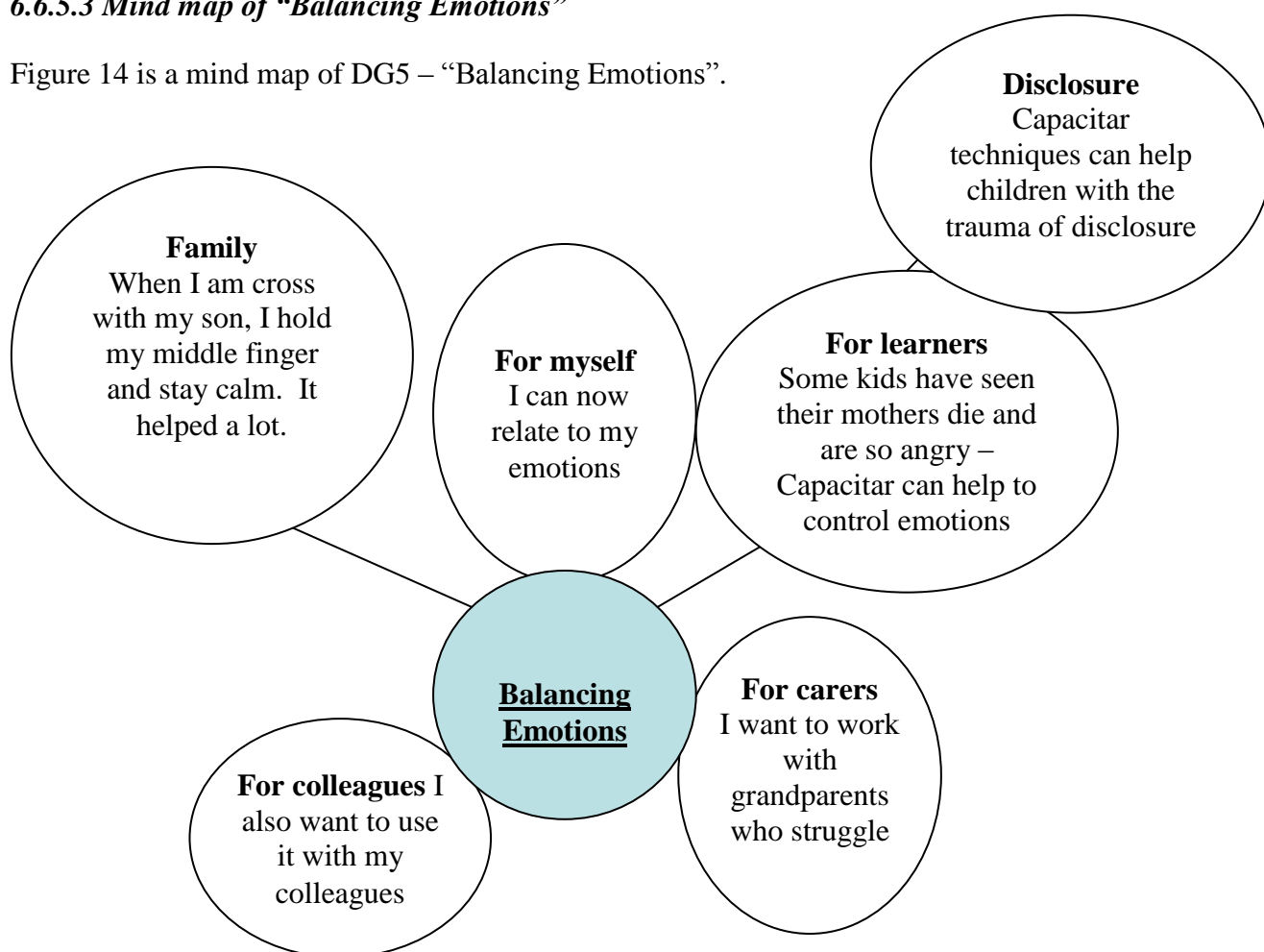


Figure 14. Mind map of “Balancing emotions”.

6.6.5.4 Portrait of “Balancing Emotions”

Body awareness helped DG5 to calm down. *“I was not aware of my body. It gives me an opportunity to be aware, listen to my body, calm myself down.”* She also used breath work and processing of emotions with the finger holds: *“I breathe, then I listen to my body, and also I control my emotions by holding my fingers. It helped me a lot when I am sad, or when I am not feeling myself, feeling a little bit small, I hold my little finger”.*

These techniques helped DG5 with the learners in the class and at home with her children: *“When I am cross, irritated with the learners or with whoever, with my son in the morning, then I hold my middle finger. Then I stay calm for a few seconds and I say whatever. It helped a lot”.*

DG5 wanted to use her new-found emotional techniques to work with grandparents who look after infected children:

HIV/Aids is a very big problem in our community. They (grandparents) are looking after children when the parents have died. The children sometimes don’t feel well, they have a cough and is losing weight...I would love to do Capacitar with the grandparents and the children.

She also wanted to help children with the trauma of disclosure. *“When children come and disclose, Capacitar will help them deal with the emotions.”* It is not always possible, however, to get children to talk about their experiences: *“I am so worried because I see another child losing weight, and they don’t want to talk about it”.* Because of the trauma of losing family members, especially mothers, the children feel a variety of emotions, like anger and fear and often do not want to talk about their own illness:

Some of the kids have seen their mothers die and suffer and the children are angry, they are so angry – they don’t know what to think. They don’t want to talk about it. They don’t want to die.

After the transpersonal workshops, DG5 felt more empowered to help these children and understood the concept of energy in healing: *“I can use some of the techniques which will help them – they can work with energy and emotions”.* Together with the finger holds, she enjoyed breath work and visualisation of a safe space. She was able to put *“a bad space...at the back*

of my mind and then daydream and fantasise about something". She felt in control of emotions, aware that she could calm herself down rather than act impulsively: "When I do not feel good, when I am sad or angry, I do not say whatever comes to mind, I just calm myself down". Music played in the workshops also made a positive impact: "I like music. Whenever I don't want to watch TV, I don't want to hear anything, I put on the music".

6.6.6 Global analysis data – DG6

6.6.6.1 Line sketches

Background: DG6, "The Confident Sharer", was an assistant general worker, having attained a Grade 9 level of education. She was 46 years and had been at her school in Mitchells Plain for three years. She described her duties in HIV/Aids: to take care of cuts and wounds of children, help and comfort a child on the loss of a loved one and to pray and love them. She felt stressed by the fact that anyone close to her -- a family member or close friend – could get the disease. Life stressors were a lack of time to help others and maintenance money which she described as *"too little"*.

Comments after the workshops:

It was my first time and I found it very pleasant and helpful...Thank you. God bless Capacitar. I learnt you can do something for yourselves first before you can help another. I found it helpful to express myself and emotions, and also to let go. I learnt you have to deal with things you cannot change but to accept and to move on. You feel stronger in yourself and able to cope much better.

6.6.6.2 Memorandum of data

Suggestions for improvement of workshops: *"To have more time for workshop"*.

Future plans: *"I plan to use the techniques at my school, family and church friends"*.

6.6.6.3 Mind map of "The Confident Sharer"

Figure 15 is a mind map of DG6 – "The Confident Sharer".

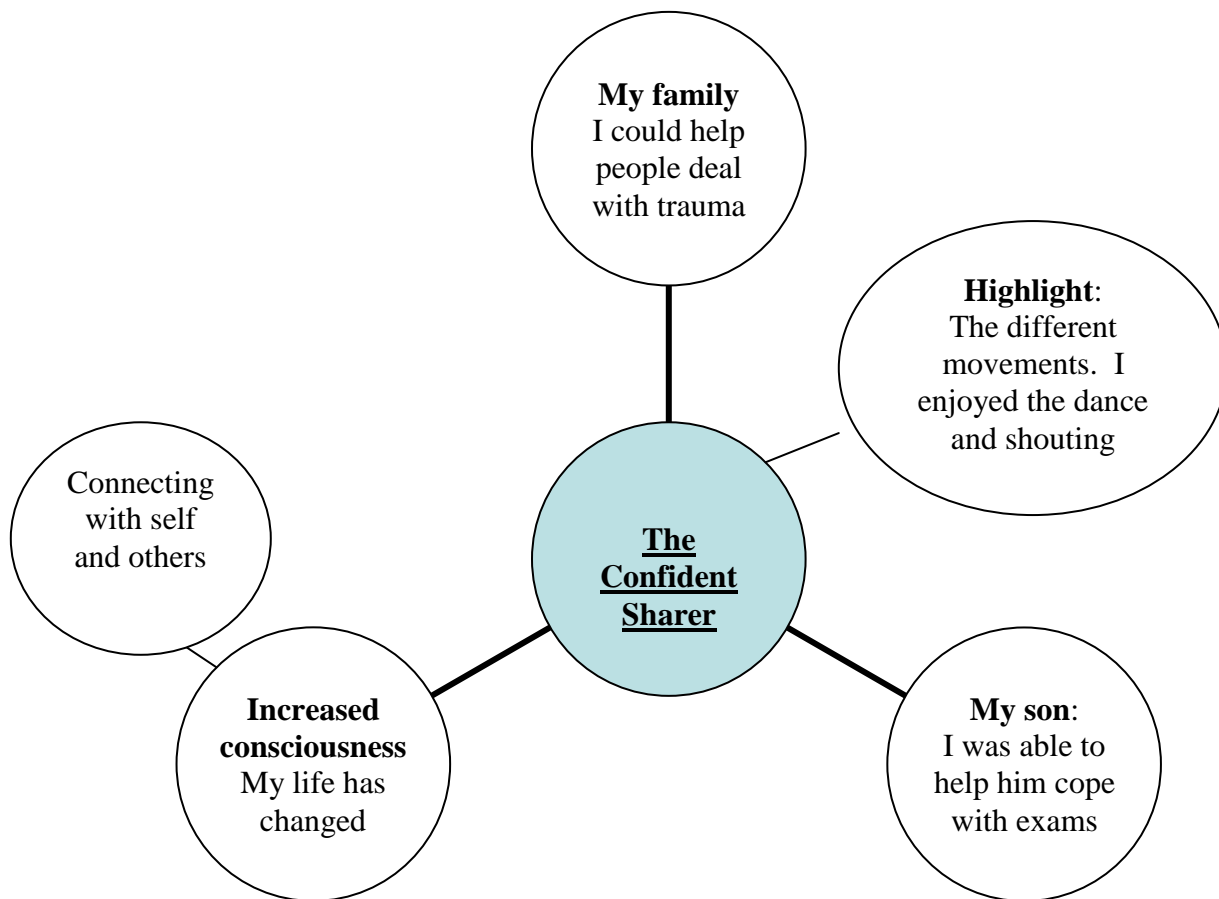


Figure 15. Mind map of “The confident sharer”.

6.6.6.4 Portrait of “The Confident Sharer”

DG6 noticed a change in herself after the workshops and became more confident in sharing at school and at home:

The Capacitar workshop – I’m glad that I’ve been here, taking part in it. And since coming there has been a big change in myself - also the environment where I am working, my home as well. Every Friday afternoon or Saturday I try to remember something, I did it at home with my family.

She tried the techniques enthusiastically, embracing the philosophy of heal yourself before you heal others:

Many people have trauma in their lives, where they don't find solutions, or to heal themselves. I used to go to a lot of doctors, and since I have been here I have been trying pressure points on my body, the holding of hands, my fingers pressing, just to relax sometimes, to calm the children at home.

After her divorce, she suffered from low self-esteem after loss, but started to express her feelings and recognised in the map of human consciousness taught in the workshops that she did not have to resonate on lower levels of shame, guilt and anger. Instead, she could move through courage to higher levels of consciousness, such as love, joy and enlightenment:

Especially I have been through a divorce case, I thought to myself, I was feeling small, I was depressed and I thought to myself, I was down there angry with bitterness, and then I was moving up, blaming myself, and resentment. But now I am finding myself up, used to be 75, from 25, but now finding myself up to 100 points, maybe happiness, joy, 250 and up, forgiveness and everything.

This higher level of awareness came as a surprise to her:

'Cause I learnt it here, I never thought to myself I will need these things in my life – I always used to keep everything in and thought I would be strong enough but it is not like that. Since coming here I could share with people, have more confidence and I could listen to other people, which I have learnt and my life has changed.

This change has not gone unnoticed in her family: *“Even the children at home, they used to look at me and wonder when mummy is going to say something or get angry, and I just use the techniques that I have been using here”*. “The Confident Sharer” has also helped her children. Her son felt anxious in an exam, for example, and didn’t know where to start, but he told her: *“Mommy, I just went into prayer. I held onto my hand and I could feel comfort, I could feel a different change in my body”*.

She felt the mind-body-spirit integration which is fundamental to the transpersonal techniques:

Capacitar workshop that we get is like for the mind, it's for the body and it's for the soul and even the spirit is uplifted first. Sometimes you need that quietness, when you can speak, when you lift your hands up as you said to the Lord, or up high in the sky, and you can feel the goodness of this and you can feel your whole body can relax.

In dealing with family trauma, Capacitar assisted DG6 to help a family member deal with the burial of her husband: *"I said to her, Claudine, this is what you do. She calmed down with the finger holds. She did not think she would ever be able to cope, but I taught her Capacitar"*. DG6 enjoyed the different movements, especially expressing herself in shouting: *"The highlight was the different movements. I enjoyed the Leadership Dance and also the Pal dan Gum where you shout sometimes, shout things out"*.

6.6.7 Global analysis data – DG7

6.6.7.1 Line sketches

Background: DG7, "Filled with Hope", was a 52 year old primary school educator who had been with her school for four years. She was married with a son (21) and two daughters of 26 and 16.

What was most helpful:

Capacitar is healing within yourself and also healing your outer self. All the exercises helped me to relax and feel good. I grew spiritually as well as emotionally. I learned that I can use my hands to bring about healing. I enjoyed the map of human consciousness - on what level you put yourself. I also found polarity helpful for deep relaxation. Pal dan Gum helped me to get rid of anger. Safe space visualisation cuts you off from everything around you. Finger holds let you use your own body parts.

6.6.7.2 Memorandum of data

Any comments or suggestions: *"Make music available; I feel more relaxed; time is not an issue; I don't feel tired of sitting here for how many hours. I wish these workshops can just go on and on"*.

6.6.7.3 Mind map of “Filled with Hope”

Figure 16 is a mind map of DG7 - “Filled with Hope”

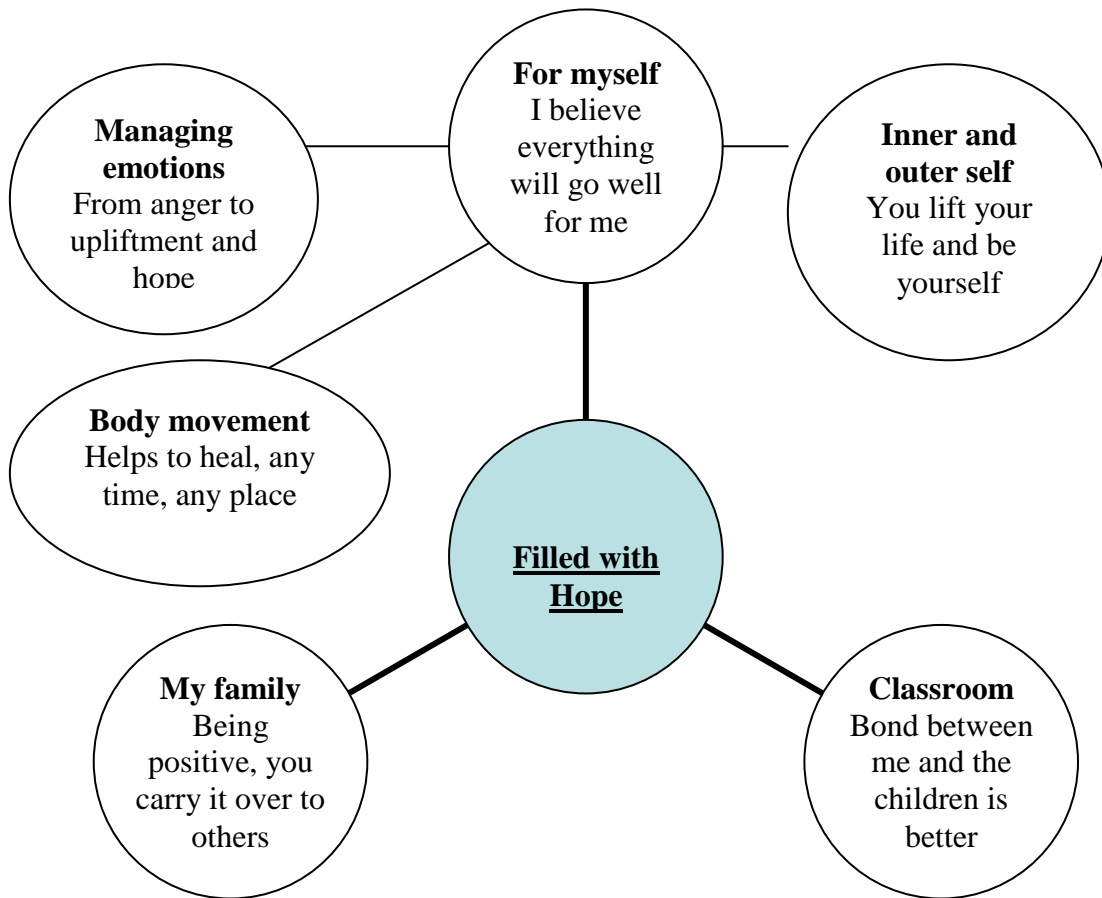


Figure 16. Mind map of “Filled with hope”.

6.6.7.4 Portrait of “Filled with Hope”

DG7 said that the workshop meant a lot to her. She used to get angry very quickly, but found that she could uplift herself and feel hopeful. She described how at home she used Tai Chi to shift her energy:

When I am alone at home, not even alone, say for instance if I am busy in the kitchen or in the room and there is music coming on and I will uplift myself with the shower of light, and I will feel that calmness in me and I feel free and I have nothing against nobody, or something that bothered me, I push that anger away and I bring that freedom and love into me and as I do that I believe that everything will go good for me.

In the classroom she is able to help the children to be in the present moment:

And even in my class in the morning then I do it with my children and I talk to them and I say that they must forget the things that happened at home, or along the road, and I can really say this, that Capacitar has helped a lot.

The relationship between educator and learner improved: *“Sometimes I sit with the children in the class – I am very strict. And then I talk to them and I can see the bond between me and the children is much better”*. DG7 used the techniques both at home and at work, achieving a sense of wholeness with the inner and outer healing that she felt: *“Training is not just for healing your inner self – it is also for the outer self...you don’t feel scared or shy, you just relax, you just lift yourself up, and lift your life and you just be yourself”*.

6.6.8 Global analysis data – DG8

6.6.8.1 Line sketches

Background: DG8, “In the Golden Circle”, was a 51 year old educator, teaching Grade 5 in Mitchells Plain. She was married, with a daughter of 31 and a son of 24. She volunteered to be an HIV/Aids coordinator because she knew people with the disease and wanted to help. She finds time management to be the biggest stressor of her responsibilities, with not being able to help children a stressor in teaching. She also finds driving to work stressful. Her only form of coping is taking part in walking activities.

Practices found to be most helpful: *“Finger holds, breath work and body movement – Leadership Dance”*. Personal insights: *“I need to take time for myself; you can do things for yourself”*.

6.6.8.2 Memorandum of data

Suggestions for workshops: *“Do the workshops regularly for other educators to take part”*.

6.6.8.3 Mind map of “In the Golden Circle”

Figure 17 is a mind map of DG8 - “In the Golden Circle”

6.6.8.4 Portrait of “In the Golden Circle”

DG8 was drawn to the workshops through music. Two years previously she had heard the Leadership Dance, and since that time she had wanted to attend: *“I had the opportunity to come and I enjoyed, I really enjoyed, every minute of it”*.

There were two areas which have affected DG8: Her awareness of self and how to deal with others. In the workshops the Figure 8 is taught, in which you stand in a circle of golden light and place other people from which you want to be detached in an adjoining circle, in a Figure of 8. Slowly over time the other person is detached with a blue neon light from your circle, breaking ties. DG8 used this visualisation exercise to place herself in the golden circle and she then placed all other people in a blue circle: *“Not, maybe not to cut them out, but just to put them in the blue circle”*. This gave her space in the golden circle to stop worrying about “the other” and showed her that she can and may look after herself. By centring herself in this way, she was able to get a sense of control and of her own empowerment. She became more mindful of the importance of boundaries.

In the classroom of only boys, DG8 admitted that sometimes it was not easy to work with them. However, after showing them the Emotional Freedom Technique, they really enjoyed it: *“Even when I touch the wrong point, they can show me where is the right one, which one is right”*. In this way, as with previous delegates, the power shift between educator and learner was reversed, with the child playfully teaching the teacher.

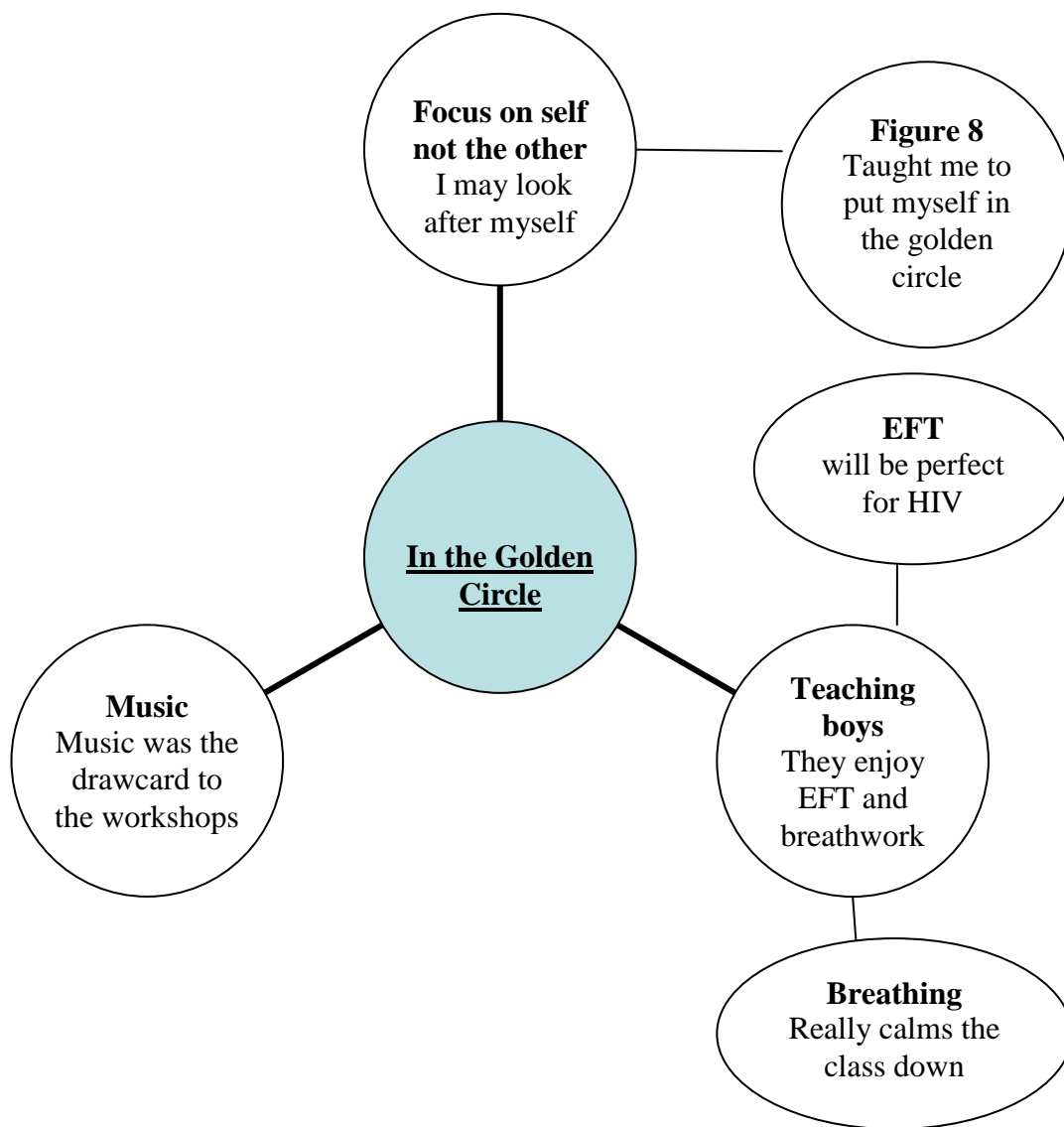


Figure 17. “In the golden circle”.

DG8 believed that EFT was ideally suited for working with HIV/Aids positive children, especially when it comes to self-acceptance and working against the effects of stigmatism: *“I think EFT will be perfect for HIV. ‘In spite of the fact that I have this problem, I’m OK, I accept myself.’ That is the message that you can take all over”*. DG8 could also connect to the children with breath work. It is interesting that as natural a process as breathing is taught anew and helps in controlling the class: *“The breathing was wonderful, really. They don’t, really don’t know how to breathe, so I can teach them and the breathing really calms them down. It really calms them down”*.

6.6.9 Global analysis data – DG9

6.6.9.1 Line sketches

DG9, “New Leaf on the Branch”, was a Muslim mother of four (sons of 30, 26 and daughters of 24 and 22) who declined to give race or age details. She lived in Mitchells Plain and taught Grade 2. She had been at the school for five years and got involved in HIV/Aids to promote the well-being of the individual holistically. She found the ignorance of the HIV/Aids pandemic to be most stressful. She was also affected negatively by all the administrative work of teaching. She also described her spouse as “*stressful*”. She also felt stifled at school – “*never given the opportunity to show one’s passion*”.

Most helpful aspects of workshops: Massage and meditation; being aware of her body; the Figure 8.

6.6.9.2 Memorandum of data

Suggestions to improve workshops: Larger premises.

Other suggestions or comments:

Workshop 1 - Good techniques which could be used for crowds over an intercom system – so we could reach more individuals: staffroom, playground, factories and corporate places. Workshop 2 - Capacitar has jolted my awareness within me that says the ‘temple’ of me is important. Workshop 3 – Excellent day spent on Capacitar - time away from daily stresses! Workshop 4 – Aim to carry on reaching out to the individuals in drug centres, HIV/Aids organisations, depression groups, anxiety groups.

6.6.9.3 Mind Map – “New Leaf on the Branch”

Figure 18 is a mind map of DG9 – “New Leaf on the Branch”.

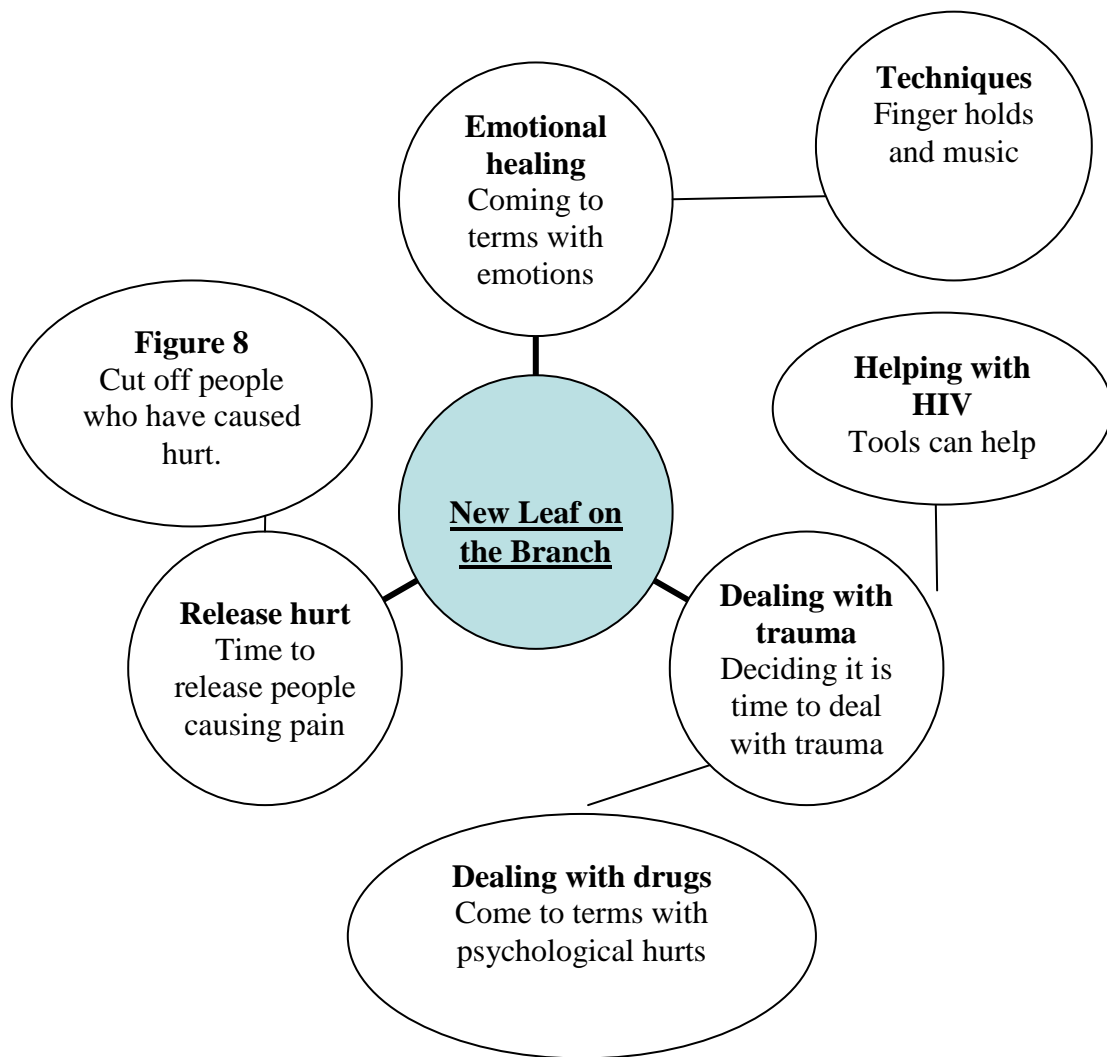


Figure 18. Mind map of “New leaf on the branch”.

6.6.9.4 Portrait of “New Leaf on the Branch”

DG9 described her experience in the workshop as new growth on a tree, which is symbolic of new hope and taking back control:

I’ve discovered another leaf on the branch and I’m going to use the knowledge that I’ve gained over here just to sprout on that branch. I’ve come with trauma and a lot of pain from different facets of my life and I am dealing with them one by one. It is time, but it’s going to help me and it has helped me to a certain extent.

DG9 used transpersonal techniques in the classroom, which she felt are “going to change lives”. She sees them as tools for dealing with the dual problems of drug abuse and HIV/Aids:

I think it will be excellent idea to work with drugs with HIV/Aids and Capacitar because most (people) have psychological feelings and hurt and can't come to terms with what they are going through, so it is an excellent tool.

She also thought these practices would help teachers and parents to deal with trauma around HIV/Aids and she wanted to use them with an HIV/Aids positive girl in her class:

I can see using Capacitar with teachers and parents. I have an HIV/Aids positive girl in my class. She is in a home and I have spoken to the foster home and yes, I think the tools can help her.

On a personal level, transpersonal practices have helped her to come to terms with past hurts. She referred to the Figure 8, which she used to establish boundaries:

I can cut off the people who have caused hurt in my life, think of myself first. I have come to terms with people who have caused hurt in my life. Sometimes it is difficult, but with the training here, I can see it is possible.

As far as emotional healing is concerned, she recognised that before the workshops she bypassed emotions most of the time: “Now, thanks to the finger holds and the mantra that goes with the music, I have come to terms with my emotions”.

6.6.10 Global analysis data – DG10

6.6.10.1 Line sketches

Background: DG10, “Bringing Together”, was a 54 year old Christian teacher from Brackenfell, who works in Tafelsig. She is divorced with a daughter of 23 and a son of 16. She had taught Grade 7 for five years and became an HIV/Aids coordinator when a colleague left the school and she replaced her. She found most stressful issues in her HIV/Aids role are learners fighting, aggressiveness, disagreement with colleagues, learners’ broken families and learners using substances. She described teaching stressors as the brokenness of learners, with the workload hindering teachers from handling this challenge. She described herself as calm, with no other personal stressors in her life. Practices particularly enjoyed: Movements; finger holds, work with emotion; meditation, massage.

6.6.10.2 Memorandum of data.

Comments on workshops: “Need regular meetings to keep in touch and would like more workshops”; wants to do transpersonal practices regularly with more people.

6.6.10.3 Mind map of “Bringing Together”.

Figure 19 is a mind map of DG10 – “Bringing Together”

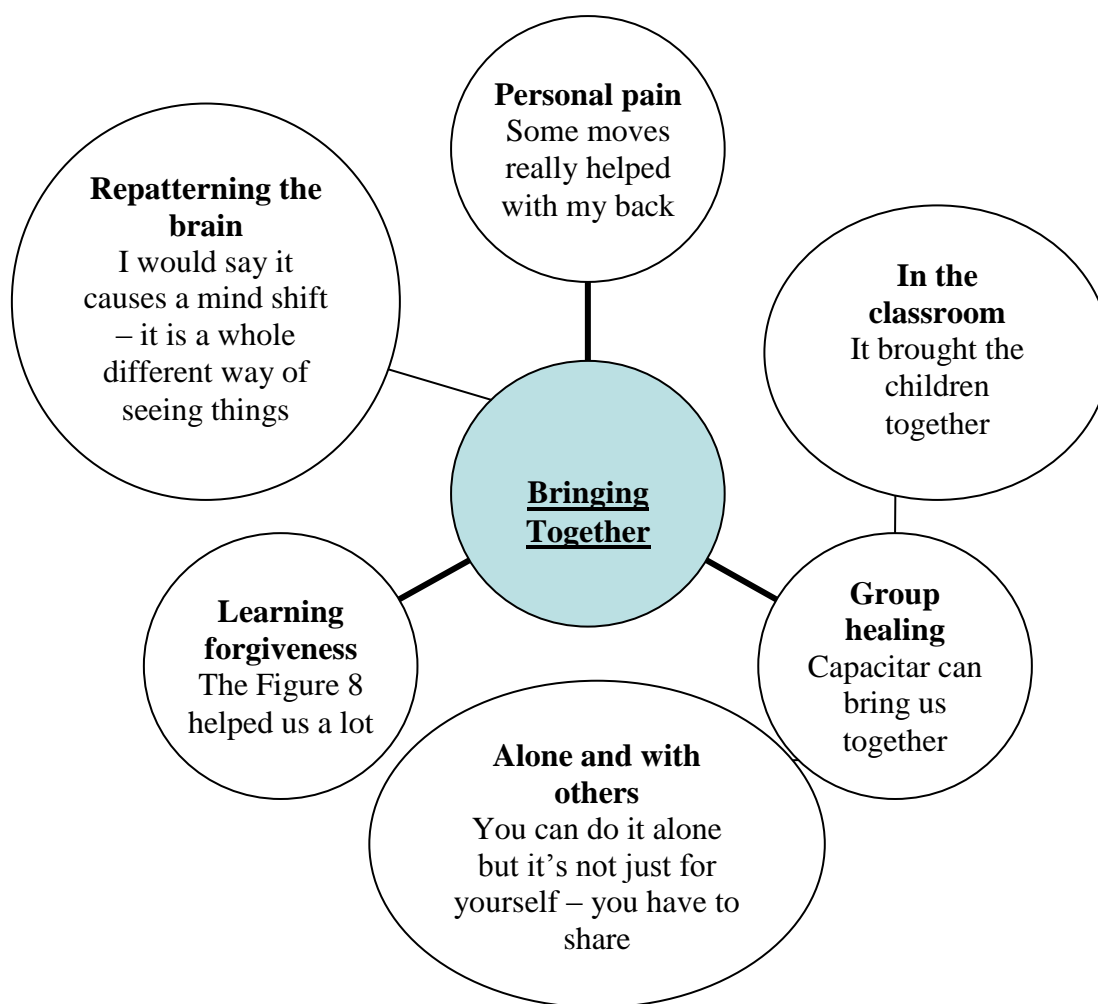


Figure 19. Mind map of “Bringing together”.

6.6.10.4 Portrait of “Bringing Together”.

DG10 felt that the workshops made her stronger, giving her tools to cope: “Because I am a very calm person, I could handle things very easy, but now, more because of

the tools you gave me to work with". She particularly enjoyed the group dynamics and healing, which connected her with others and removed cultural barriers and isolation:

We are people of different backgrounds, unique, but Capacitar can also bring us together as one person because we have something in common here...When you work with us, it calms us all down, brings calmness into our lives.

This sense of bringing together was also felt in the classroom: *"I was working with some of the techniques with children – it brought the children together, it brought their minds together, it calmed them down – it calmed me down. It helps a lot there."* As far as personal pain is involved, DG10 found some exercises helped with her back: *"Every time we did Pal dan Gum, it really helped my back. Also Salute to the Sun really helps my back. That is healing for me"*.

DG10 was also able to develop spiritual insight into her life. For example, she found forgiveness with the Figure 8 exercise: *"The Figure 8 – Capacitar shows us with that circle, you must forgive – you still remember the hurt, but you can forgive quicker, more easily. You are a forgiving person. That helped us a lot"*. While DG10 recognised that it works on yourself alone, she felt it was not only for the individual: *"You have to share"*. She believed that the brain was repatterned: *"Your mind must decide I want to do it, believe it. I would say it causes a mind shift – it is a whole different way of seeing things"*.

6.7 Collage of Outliers

The following outliers are leftover data placed in a collage, indicating a possible research design limitation or an extension of the research question. In seeking a way forward with Capacitar workshops and transpersonal psychology practices in schools, the researcher asked focus group members for comments which are listed below:

1. Part of the curriculum: *"Capacitar should be built more into the curriculum. What the principals and Department should take note, that you are empowering one educator, or one governing body, and that person is reaching out to quite a number and, combined, they can do quite a lot"*.
2. Get-togethers: *"We should meet one Saturday a month, in the middle of the month"*.
3. Training of Trainers: *"I want to know more about training of trainers"*.

4. Sponsorship: *“You don’t have organisations that sponsor people to attend courses?”*
5. Dire need: *“Since coming on this workshop I have reached a lot of people. Here in Mitchells Plain there are many NGOs – they could do with the training. There is a dire need. One person per organisation...every person who comes for training, they must plough back, give it on to x amount of people”.*
6. Luck: *“We are very fortunate, we are here by divine intervention...we are very lucky”.*

6.8 Feed-back

In presenting the line sketches, memorandum of data, mind maps and portraits to focus group members, no corrections were made to the original draft and the account of events was described as *“right”* by one educator.

The researcher found that in the 12 weeks since the workshop, HIV/Aids coordinators were still enthusiastic about the work, despite not having had a get-together or any contact with each other or with the facilitators or researcher. They commented that the resources, music CDs and manuals, offered great assistance in carrying out the practices and that they were enjoying them both personally and in the classroom. The Leadership Dance, for example, is a favourite, with the qualities of leadership reminding learners and educators how to lead their lives. The words of the song provided continual inspiration: *“Patience, slow down, listen to your heart so that you can listen to others, fill yourself with love and affection, so that you can give love and affection; celebrate diversity and the human family”*. In these words and the music, which originate from Hawaii, educators and children find wisdom and strength to continue in the face of stresses and trauma in their lives. One delegate remembered the words in the car to *“slow down”*, giving it a literal meaning and she said that colleagues have noticed the change in her since the workshop: *“I am much quieter!”*

6.9 Themes

The overall vision of Capacitar is: *“Healing ourselves, healing our world,”* which was reflected in comments made by the intervention delegates in the focus group interview. HIV/Aids coordinator teachers were first able to heal themselves, and then turn to their families, learners and the community at large to share the healing tools offered in

transpersonal psychology. The following 16 personal themes (Table 7) emerged from the qualitative global analysis research.

Table 7

Themes Constituting the Lived Experience of HIV/Aids Coordinator Teachers in Capacitar Workshops

No	Theme	Short Description of Theme
1	<i>"I am personally conscious of what will be the outcome if I act like this or I act like that."</i>	Increased consciousness of choice in personal actions affecting one's life.
2	<i>"You have given me new life. More than that I cannot ask."</i>	Personal empowerment to start life afresh, more in control.
3	<i>"I can help people, actually, now with what I have learnt here."</i>	Role empowerment as a carer and counsellor.
4	<i>"I'm a relaxed person, I can control my emotions."</i>	Emotional intelligence – more aware of emotions and how to manage them.
5	<i>"I learnt to really relax, find time to sit and just do nothing. Before, I could not see myself doing nothing."</i>	Mindfulness – being; present moment awareness with acceptance
6	<i>"When you work with us, it calms us all down, brings calmness into our lives."</i>	Heart coherence - when a person is able to calm down and connect with themselves at a deep level, promoting heart coherence.
7	<i>"I've come with trauma and a lot of pain from different facets of my life and I am dealing with them one by one."</i>	Processing traumatic pain – release from past and intergenerational trauma

No	Theme	Short Description of Theme
8	<i>“We are people of different backgrounds, unique, but Capacitar can also bring us together as one person because we have something in common here.”</i>	Multiculturalism – respect for each other and appreciation of diversity
9	<i>“I like music.” “I enjoyed the Leadership Dance.”</i>	Light heartedness – healing can be fun with music, dance and laughter
10	<i>“I think EFT will be perfect for HIV. ‘In spite of the fact that I have this problem, I’m OK, I accept myself.’ That is the message that you can take all over.”</i>	Self-acceptance – importance for yourself and for others to heal
11	<i>“I never thought...I will need these things in my life. I always used to keep everything in and thought I would be strong enough but it is not like that. Since coming here I could share with people, have more confidence and I could listen to other people...my life has changed.”</i>	Interconnected, sharing – tapping into the power of the group and healing by connecting to others
12	<i>“Capacitar shows us...you must forgive – you still remember the hurt but you can forgive quicker, more easily. You are a forgiving person. That helped us a lot.”</i>	Forgiveness – the ability to give up past hurts and start the healing process
13	<i>“I used to go a lot to doctors and since I have been here I have been trying pressure points on my body, the holding of hands, my fingers, pressing, just to relax sometimes.”</i>	Holistic, right brain healing – based on self-help with subtle energy medicine

No	Theme	Short Description of Theme
14	<i>“Your brain must decide I want to do it, believe it. I would say it is a mind shift.”</i>	Changing brain patterns – with brain plasticity, new neuronal pathways are set up and followed
15	<i>“Capacitar is for the mind, it’s for the body and it’s for the soul and even the spirit is uplifted first... You can feel the goodness of this and you can feel your whole body relax.”</i>	Mind-body-spirit integration – aware of the role body, mind and spirit play in the role of healing
16	<i>“Training is not just for healing your inner self, it is also for the outer self...you don’t feel scared or shy, you just relax, you lift yourself up and lift your life and just be yourself.”</i>	Return to wholeness – awareness of inner and outer self and just being who you truly are

A further analysis of these themes will take place in the next chapter, Discussion, in the context of personal, family, school and community healing.

6.10 Chapter Summary

This results chapter firstly dealt with the results of the quantitative data, establishing that there is a statistically significant difference in anxiety, personal and work burnout in pre- and post-tests of the intervention group. In comparing the intervention group with the control group, there are significant differences between the two groups on personal and work burnout. This significant difference in personal and work burnout both within groups and between groups after the transpersonal intervention means that the programme mediated levels of burnout in the experimental group. Qualitative analysis involved creating an educational landscape, analysing stressors in HIV/Aids tasks, teaching and the personal lives of HIV/Aids coordinator teachers. A global analysis was then carried out, involving line sketches, memorandum, mind maps, portraits and a collage of outliers, ending in themes. These will be explored further in relation to the individual, family, school and community in the next chapter.

CHAPTER SEVEN

Discussion

7.1 Introduction

In considering the well-being of teachers within the context of the Department of Education, Western Cape, the scope of this research focused on the subjective and personal impact of transpersonal practices, linked to relational and collective domains. Other proximal and distal factors, such as administrative overload, lack of Departmental assistance, financial difficulties, disadvantaged socioeconomic circumstances, injustice, and discrimination, are also dynamics that affect the wellness of educators. As pointed out by Pawelski and Prilleltensky (2005) in the literature review, subjective, objective, personal, relational and collective domains need to be taken into account in a holistic assessment.

Burnout affects the whole person, and it is for this reason that it is so debilitating. In addressing the mind-body-spirit needs of the individual, transpersonal psychology works with the whole being and is therefore ideally suited to overcome burnout. In assessing whether transpersonal psychology practices presented in Capacitar workshops are an effective intervention, this study analysed both quantitative and qualitative data to measure and evaluate the effects of the training on anxiety, stress and burnout. In this Discussion chapter, the results of the quantitative study are considered, with the focus then shifting to the findings of the qualitative research and the relevance of the themes which emerged from the study. Limitations of the study are addressed, with recommendations for theory development, intervention application, programme recommendation and future research. .

7.2 Summary of Results

In this mixed-methods research project, the quantitative findings provided statistical results to answer the research question: Do transpersonal practices mediate burnout as a prevention intervention in the specified teacher population? Intervention group delegates improved significantly in pre-and post testing of anxiety - reducing levels from moderate to minimal - and on measures of personal and work burnout. Client burnout was also reduced. There was a significant reduction of personal and work burnout between the intervention and control groups. Even though client burnout was not statistically significantly different between the intervention and control groups, there was a shift in reduction on this measure for the

intervention group, indicating a trend in the direction of improved health. As far as client burnout is concerned, educators on average enjoy working with children and find the greatest teaching stressors are dealing with staff and administrative overload. These results support findings in the literature review by Montgomery (1991), Davis (2000), ITP (2008), that a transpersonal approach to healing can reduce levels of burnout amongst those in the caring profession. Sixteen themes were developed in the global analysis qualitative study, which will now be analysed in an attempt to reach an understanding of this change in HIV/Aids coordinator teachers as a result of the transpersonal intervention.

7.3 Themes

Themes which emerged from qualitative data are: Increased consciousness; personal empowerment; role empowerment as carers; emotional intelligence; mindfulness; heart coherence; processing traumatic pain; multiculturalism; self-acceptance; light heartedness; interconnectedness, sharing; forgiveness; holistic, right brain healing; changing brain patterns; mind-body-spirit integration and a return to wholeness.

7.3.1 Increased consciousness

The awakening of consciousness and intuitive healing power within the body-mind-spirit returns the person to union with the dynamic balance and flow of life, no matter what happens (Cane, 2000). This is essential in the combating of burnout, when there is a depletion of energy and inability to cope with life stressors. In awakening people to consciousness through the map of human consciousness (Hawkins, 1995), delegates become aware of multiple levels of being – from shame at a low 20 to enlightenment at 700, moving through 16 different energy states. The map is taught in recognition that each person or society is a composite of many levels at the same time.

Delegates gain understanding that they do not have to be victims of circumstances, no matter how challenging these may be. The realisation that it is not life's events, but our reaction to them that is important, empowers people to move from seeing events as stressful to rather being opportunities for growth. While reaching higher levels of love (500), joy (540) and peace (600) may seem unattainable, moving from one state to another represents a huge shift in consciousness. For example, to move from energy level 75, grief, to fear, energy level 100, means that we are moving from vulnerability and remorse to more life energy, where we must

face a world full of traps and threats. In these seemingly small shifts of consciousness lie the momentous seeds of growth and advancement.

This study found that delegates experienced an awareness of levels of consciousness, which facilitated healing by awakening them to their own growth process. They realised that they did not have to remain stuck in, for example, fear, anger or grief, but could move up to levels of joy, love and happiness. In recognising these levels of consciousness, delegates were able to understand not only themselves better, but also others, at a deeper level of awareness and so be less inclined to blame or be critical. This insight and understanding assisted greatly in reducing levels of anxiety and burnout.

7.3.2 Personal empowerment

Internal locus of control enhances personal power, necessary for teachers to deal with the psychological challenges of their profession and their lives (Gold & Roth, 2003). These authors consider self-awareness and self-efficacy as key to combating burnout. Firstly, self-awareness is an important step in identifying perceptions of threat, including symptoms of unmet needs in burnout. The more self-aware the person becomes, the sooner the burnout process can start to be reversed and the more empowered the person will feel. Secondly, self-efficacy is considered a protective resource factor against stress and burnout. General self-efficacy aims at a broad and stable sense of personal competence to deal effectively with a variety of stressful situations.

Delegates gained a sense of personal power in the transpersonal intervention. With an increase in self-awareness, they were more able to recognise the threats in their environment to well-being. Insights into self-healing and the ability to help others improved personal competence, improving self-efficacy, which is a protective resource against stress and burnout.

7.3.3 Role empowerment

Cane (2000) likens the techniques taught in workshops to a toolkit of skills which carers and counsellors can draw on to heal themselves and others. Access to a wide range of techniques builds confidence and provides coping tools in a variety of situations. Whether it is massaging the hands of a mother in hospital with cancer or teaching acupressure points to a child suffering from HIV/Aids symptoms, such as headaches, nausea or depleted immune system,

the counsellor or teacher can respond with flexibility and creativity to the needs of the child or patient.

An emergency toolkit to respond to trauma or extreme stress is available on the website, www.capacitar.org, in many languages, including Afrikaans and Xhosa, to give people free and immediate access around the world to basic skills. These are described as educational tools that empower people to help themselves in times of crisis. “Learning and using these practices will help caregivers and agency staff avoid burnout and will help people manage stress as they face life-altering decisions” (Cane, 2005).

The transpersonal toolkit supplied to HIV/Aids coordinator teachers in the form of experiential learning, manuals and music, assisted in the reduction of burnout levels as delegates felt more confident and in control when dealing with psychological crises in their personal context, family, at school and in the community.

7.3.4 Emotional intelligence

In identifying emotional-physical needs as central to burnout, Gold and Roth (2003) describe them as a signal of unmet needs which must be addressed, or there will be serious consequences. The finger holds allow people to connect physically with the emotion and work through the release process. The situation which caused the emotion is not changed, but the technique allows centering and control, leading to wise decision making. This takes place not only on a personal level, but also within the family, classroom and wider society. Children are taught to better handle the stress of examinations, for example, or the finger holds are used as an aid to manage anger. In the case of HIV/Aids, because of the deep emotional pain around issues such as the death of a family member, disclosure, stigmatism and trauma for both the infected and affected, HIV/Aids coordinator teachers use the finger holds as a valuable technique to manage volatile emotional situations.

In this study, emotional intelligence was highlighted as an important factor in the mediation of stress and burnout (Goleman & Lantieri, 2008). As delegates became aware of what they were feeling, they were able to work with the emotions, releasing negativity and drawing in positive and energising energy. Helping others with their emotions followed, in the family, in the classroom and in the wider community context. Exercises like the finger holds led to greater

self-management of emotions and resulted in responsible decision making, such as helping family members deal with bereavement and grief.

7.3.5 Mindfulness

The practice of mindfulness meditation – present moment awareness with acceptance – may seem like doing nothing, but in fact is an invitation to wake up, experience the fullness of life and transform relationships, problems, fears, pain and stress in life (Kabat-Zinn, 1995).

This approach of mindfulness is, in fact, present in all workshop techniques, but especially in mindful walking, eating, meditation and living. Cane (2000) defines mindfulness as “an open awareness that can be brought to each moment and activity of life” (p. 95). The practice of walking meditation, for example, when delegates silently walk outside in nature, bringing back a symbolic item to put into the healing centre, allows people to access and reflect on deep inner resources for learning, growing and healing. They enrich their everyday experience by being fully in the moment and reduce stress by responding creatively rather than acting mindlessly. This brings greater clarity and understanding in everything which is done (Kabat-Zinn, 1995). Mindfulness is a way of non-judgmental being in the present moment. For some delegates, this was the first time in their lives that they were given the opportunity to sit and relax and get in tune with their inner needs. This practice proved to be a powerful tool to help combat stress and burnout.

7.3.6 Heart coherence

Pearce (2002) describes the heart as “the primary mode of being” (p. 65) from which all else in life springs, generating species-specific characteristics that are shared by everyone. It also reflects the personal characteristics of the old mammalian brain, emotional cognitive brain, new mammalian or verbal-intellectual brain, and the prefrontal lobes, and the heart brain - each brain and its experiences making for a unique expression of shared form. In a negative, stressful response, our brain shifts from the slower, reflective intellect of the frontal lobes and neocortex to the quickly reflexive reptilian brain and its links with the emotional-cognitive brain’s survival memories and manoeuvres. The shift from forebrain to hindbrain is not voluntary or within our awareness – it just happens and appears as logical, common sense. Our thinking, judgments and perceptions are altered in the interest of defense (Pearce). Our potential to transcend these defensive responses lies, rather, in the three-way connection

between our emotional-cognitive brain, our prefrontal lobes and our heart. Dilemmas can be resolved by understanding and using our heart's intelligence, as well as our brain's intellect.

The positive connection made between heart and brain in transpersonal workshops, in exercises such as the Holds, where the heart centre is focused on, brings a balance and harmony to the whole system. This allowed delegates later in their lives to recognize intuitively the formation of a stressful event as it takes shape and be aware of it and respond appropriately. This is a profound achievement:

To be able to step outside of ourselves, objectively observing that a stressful event is under way and not react to it in a way we always have is a tremendous step. This is what evolution offers us, but, like providence, pro-vision (seeing ahead) or intuition, such faculties will develop only if modeled and nurtured by attention and practice. (Pearce, 2002, p. 215)

In this study, delegates were able to reduce stress and burnout through the modeling and nurturing of heart coherence, linking the emotional-cognitive brain, prefrontal lobes and heart. This coherence from calmness created an awareness of functioning at a global level, which delegates were able to model in their lives by paying attention and practising various skills learnt in the workshops.

7.3.7 Processing traumatic pain

The Sufis speak of the necessity of the human heart being broken open to release the depths of love and compassion. It is in learning to heal the traumas of our lives that we individually and collectively change and transform unjust systems. In offering the grassroots wisdom and practices to our world, Cane (2000) commits to the process of healing and transformation, mirrored in all workshop activities. Standard methods of treatment, such as talk therapy and drugs, are often not enough to address deep rooted traumas. In a holistic approach that addresses the unity of body, mind and spirit, balancing through energetic processing, individual and cultural consciousness can be altered and returned to equilibrium. Transpersonal techniques helped delegates to start processing traumatic pain, returning them to a balanced, calm state, alleviating anxiety and stress and reducing the likelihood of the development of burnout.

7.3.8 Multiculturalism

Psychology in the West over the past 100 years has been described as presenting itself as a universal, ahistorical science, representing largely Eurocentric perspectives (Watkins, 2009). In the context of Africa, where this study took place, diverse cultures and belief systems need to be taken into account in any healing endeavour. The body-mind-spirit practices in Capacitar workshops come from diverse cultures and different parts of the world. The approach of Cane (2000)'s approach is one of respect for differences and enrichment of learning and healing through an understanding and appreciation of diversity. The healing energy in the body transcends time and place, and facilitators are encouraged to make the practices relevant to the populations being taught.

Multiculturalism is considered a challenge for the deeper union, learning and understanding of diverse peoples of the world. Cane models this multicultural approach by embracing all religions, races and socio-economic backgrounds, bringing diverse peoples of the world together, such as Jews and Palestinians, Northern and Southern Irish, black and white South Africans. By sharing her experiences around the world in her workshops, delegates get to know one another's history and stories and feel that they are linked energetically, belonging to one family – the family of the human race.

In the case of HIV/Aids coordinator teachers in Mitchells Plain, facilitators were mindful of the often harsh and traumatic context of schools and the societal challenges in disadvantaged areas of the Western Cape. Despite their differences of religion and race, delegates were able to feel a unity of being together, sharing experiences in the workshop and transcending multicultural backgrounds to experience holistic healing in the challenging context of education and HIV/Aids.

Multiculturalism was an important element of the Capacitar workshops, contributing to the mediation of burnout by providing a space in the intervention where people felt accepted and respected for who they were, regardless of education, religion, race, culture or socio-economic background.

7.3.9 Light heartedness

Laughter and fun, with dance and music, were an essential element of healing in the workshops. The benefits of laughter, body movement and the power of music were not covered in the theoretical section of this study, but it is evident from comments and feedback that these were powerful elements of the healing that took place in the training.

In stress management, laughter and fun are reported to reduce the level of stress hormones, giving a physical and emotional release. Apart from physical benefits, such as the diaphragm getting an internal workout, emotional benefits include providing a distraction from negativity, giving a light-hearted perspective and connecting people socially with others (Scott, 2008b). The benefit of music has been well documented. Campbell (1997), for example, describes it as uplifting the soul. “It awakens within us the spirit of prayer, compassion and love. It clears our minds and has been known to make us smarter (p. 1).

It is noteworthy from comments made by HIV/Aids coordinator teachers, that learners sometimes end up correcting the educator in using the techniques, and so an element of fun and power reversal creates a new and interesting dynamic in the classroom. The feedback showed that healing can be fun. Indeed, laughter, fun, music and dance provided delegates with the elements to combat burnout in the discovery of the lighter side of life.

7.3.10 Self-acceptance

The emotional freedom technique, (EFT), is one of the most powerful transpersonal practices. The mantra: “Despite the fact that I have this problem, I’m OK, I accept myself,” brought an awareness of the necessity of self-acceptance to delegates. This awareness helped them to deal with many issues, such as low self-esteem and anxiety around their health status and their ability to perform in multiple and challenging life roles.

In stimulating specific points on the skin for distinct neurological effects, the technique can be used to overcome a range of psychological problems (Feinstein, Eden & Craig, 2005). Focusing on the energy disturbance, as well as the memory, of a troubled past event, EFT helped delegates to resolve emotional problems rapidly in dealing with anxiety, stress and burnout. Psychic and physical distress responded well to energy interventions. Lasting changes can be made to self-concept and core beliefs. Recognising obstacles that cause people to feel bad about themselves and not accept themselves can be a step in helping the potential

to unfold. This is particularly important in the acceptance of an HIV/Aids positive diagnosis, when stigmatism and shame can affect self-acceptance.

Energy practices like EFT assisted delegates to deal not only with the memory but also with the energetic disturbance resulting from stress and anxiety obstacles and use them in their path to healing, thus acting as a prevention intervention for burnout.

7.3.11 Interconnectedness and sharing

In considering healing and transformation of the community and society, Cane (2000) contends that community is central to healing trauma at all levels. An individual's sense of self, worth and community depends on a feeling of connection to others. Because healing of trauma cannot be done in isolation, nor is it an individual process, the group interaction in workshops is part of the healing process.

The African concept of “ubuntu” represents humaneness, caring, sharing and being in harmony with all of creation. Transpersonal techniques embody the spirit of ubuntu in the holistic approach to energy healing, as we are inextricably connected to each other and the suffering of one affects us all. Burnout, like trauma healing, must address the larger context of transformation and change. Despair work in this age of anxiety (Macey, 1991) is not a solo venture – it is a process undertaken within the context of community.

Delegates in Capacitar workshops were able to connect with each other in the spirit of “ubuntu” and share in their healing. Knowing that their feelings were shared, gave them a sense of validation and support.

7.3.12 Forgiveness

Learning to love ourselves and forgive others is demonstrated in transpersonal techniques like the Figure 8 exercise (Krystal, 1993). Through this practice, old patterns of thinking, feeling and behaving are set free, allowing people to escape from the prison of their lower self, or lower consciousness.

Transpersonal practices, such as the Figure 8, allowed delegates to release themselves from past hurts, forgive the person and move on with their lives. It was a powerful process which enabled participants to focus on themselves, draw boundaries and get rid of negative energetic attachments, which could lead to stress and burnout.

7.3.13 Holistic, right brain healing

Easterners perceive holistically, seeing objects in context, while Westerners perceive them in isolation. In the application of transpersonal techniques, Western minds are opened experientially to the holism of the body and awareness of energy, reinforcing what the indigenous and Eastern practitioners already know. This alternative view is particularly relevant in South Africa, where healing modalities need to take into account existing cultural beliefs.

Health is seen in the context of life as a dynamic, constantly shifting relationship of one functional system with another, always within the context of the whole system. No aspect of the personality or body function is seen as independent, discrete entities. In the Western scientific model, life is dissected into separable, discrete parts within the context of a fixed and stable environment that can be measured objectively. The two models are different, with value in each. As a result of a shrinking planet and an expanding paradigm, the strengths of both medical technologies might be combined, minimising the weaknesses of each (Beinfeld & Korngold, 1992).

The right brain view of holistic energetic medicine assisted delegates to administer self-help techniques in an effort to deal with symptoms of stress and burnout.

7.3.14 Changing brain patterns

Plasticity allows the brain to change and produce more flexible behaviours, but because neurons are prone to being entrenched by force of habit because they involve repeating patterns of which we are not conscious, it can be almost impossible to interrupt and redirect these thought patterns without special techniques (Doidge, 2007). Transpersonal techniques interrupt established patterns and create new pathways for the neurons to fire. To entrench these new healthy behaviours, regular daily practice is advised. This process is like a “roadblock”, necessary to help one change direction.

Delegates commented on the “mind shift” that took place in the workshops. Old patterns which entrench behaviours, leading to stress and burnout, were redirected into more healthy behaviours, thanks to brain plasticity.

7.3.15 Mind-body-spirit integration

Delegates became mindful of the body, mind and spirit as they practised the transpersonal techniques and realised the importance of these three elements in healing (Mines, 2003). Mind-body-spirit integration works on the principle of body work releasing traumas from the tissues and assisting in restructuring them in consciousness. As the person experientially starts to feel calmer, unhealthy emotional patterns and blocked energy centres are released (Cane, 2000). In the case of burnout, which results from physical, mental and emotional exhaustion, resources are provided to re-energise and align these depleted states.

With transpersonal integration, involving mind, body and spirit, the perception of unmet needs, which is central to burnout, is healed and brought into balance energetically. When mind-body-spirit needs are met from within, frustration from outside sources are brought into perspective and better handled. When integrated, spirit manifests its purpose and destiny through the personality.

Gold and Roth (2003) offer a professional health solution, which considers physical-emotional, psycho-social and personal-intellectual well-being in the treatment of burnout. Based on findings in this study, the spiritual dimension needs to be added to these aspects of well-being, together with the concept of integration. Mind, body and spirit treatments on their own can still result in a fragmented individual. The integration of these three elements through energy practices results in the condition of wholeness sought to combat burnout.

As can be seen from coping tools used by the teacher population studied, many separately seek physical activity, such as exercise; mental activity, such as talk therapy and spiritual activity, such as reading inspirational books, to overcome anxiety, stress and burnout. While all these practices on their own can be beneficial in assisting to combat burnout, however, it is the simultaneous integration of these three elements that results in the powerful, beneficial effect of transpersonal psychological healing. When the body is calm, the mind is stilled, energy flows freely through the body in a deep state of relaxation, and a connection made with spirit, profound changes take place. This is a natural process which requires no effort. In fact, the very nature of trying to achieve integration will counterbalance the benefits. As in the practice of mindfulness, the simplicity of the techniques with no mental, physical or spiritual effort results in significant change.

In reaching this profound state of integration, delegates in the workshops often fall asleep or drift off into a neutral state of being, unaware of their immediate surroundings. This often causes mirth among participants, who witness the intense relaxation achieved, or guilt on behalf of the person, who feels embarrassed to be snoring or sleeping in the presence of others. In dealing with traumatised and burnout people, this state of deep relaxation is beneficial and to be encouraged. Dr Cane says in her workshops: “Healing takes place at a deep, quiet level. When workshop delegates fall asleep, I know I am doing my job as facilitator.” Indeed, transpersonal workshops are one place where participants are encouraged to fall asleep and this reassurance to allow delegates to relax completely is given at the start of the proceedings.

In this study it was found that delegates were able to connect with the mental, physical and spiritual components of their being and this mind-body-spirit integration contributed to the combating of burnout. Without this integration, healing is fragmentary.

7.3.16 Return to wholeness

In reaching an awareness of the inner and outer self, participants reach a psycho-spiritual wholeness combining complex forces of mind, body, emotions and spirit. Jung, as cited in Raheem (1991) explains: “There is only one striving, namely, the striving after your own being” (p. 3). Working with energy, reaching wholeness is not so much about striving after being, but rather about effortlessness, when different parts of the individual can be assessed, accessed and addressed with releasing and rebalancing of the whole system, maintaining a natural tolerance.

Maslow’s research in the 1950s focused on the growth-orientated nature of the human psyche. The self-actualized person moves into a creative process of realizing his full potential. While few people live in a pure state of wholeness, or what Raheem (1991) describes as “cosmic bliss” (p. 17), attained by the yogis and saints, it is possible to experience wholeness through spiritual inspiration, free creativity and inner peace with transpersonal psychology practices.

In connecting with their life force and psycho-spiritual wholeness, delegates were able to start the process of becoming freed from stressful and traumatic personal, familial, societal and intergenerational patterns, which blocked and hindered their growth to full potential.

7.3.17 Summary of themes

In the literature, transpersonal practices in a workshop setting have not been explored in the specific context of stress and burnout in South African schools. There is an overwhelming need in the challenging South African schools context for practical assistance to help teachers deal with stress, burnout and trauma, particularly in the field of HIV/Aids. As the themes in this study show, transpersonal techniques in Capacitar workshops offer an easy-to-implement, yet a profound and effective, treatment which could be rolled out in schools across the country by the Department of Education.

7.3.18 Integration of mixed-methods data

The quantitative research findings showed that anxiety and both work and personal burnout were reduced after the transpersonal workshops for the intervention group. In addition, personal and work burnout were significantly reduced in comparison with the control group. Taking qualitative themes which emerged from the focus group study, it is possible to integrate findings that account for this difference in anxiety and personal and work burnout.

Personal burnout was affected by improved personal empowerment, which resulted from purpose generation (Savicki, 2002) and healed relationships through increased emotional intelligence (Goleman & Lantieri, 2008). In the transpersonal approach to healing anxiety, stress and burnout, mindfulness led participants to experience the fullness of life, transforming relationships, fears, pain and stress in life (Kabat-Zinn, 1995). Educators were able to connect with the heart as well as the brain's intelligence, bringing calmness into their personal lives (Pearce, 2002). Connecting to the heart, participants experienced compassion (Montgomery, 1991) which has led to a reduction in burnout in the helping professions. Educators were able to start overcoming traumatic past events (Cane, 2000) and forgive those who had caused pain.

In their work burnout, reduced levels indicated role empowerment, as they used tools to better carry out their responsibilities as both educators and HIV/Aids coordinators. By enjoying practices from diverse peoples of the world they appreciated the multicultural nature of their work (Cane, 2000). They were able to enjoy the benefit of light heartedness (Scott, 2008b) music (Campbell, 1997) and movement and introduce these elements into the teaching classroom. This interconnectedness and sharing helped reduce burnout in the classroom and the staffroom.

Overall, on a personal and work level, healing took place with mind, body, spirit integration (Raheem, 1991). Brain patterns changed from negative thinking, resulting in new pathways or “roadblocks” being established, which needed practice to entrench positive behaviours and awareness (Doidge, 2007). On a personal and work level, teachers were able to reduce burnout and return to a state of wholeness (Jung, 1959). As far as client burnout was concerned, educators on average enjoyed working with children and found the greatest teaching stressors were dealing with staff and administrative overload. It can be concluded, therefore, that transpersonal practices assisted in the mediation of personal and work burnout and that there is a positive relationship between burnout and transpersonal techniques as a prevention intervention in this sample of HIV/Aids coordinator teachers of Metro South.

7.4 Limitations of study

7.4.1 Non-random sampling

There was a limitation in this study of non-random sampling. The sample group can also be criticised for being unrepresentative, thus limiting the ability to generalise the findings. While HIV/Aids coordinators from the South and Central Metros were chosen randomly to take part in the control group, intervention group delegates had to agree to attend eight days of workshops in their own time. This required the researcher relying on volunteers, who were committed to undergo the training, which rendered the study quasi-experimental. However, the use of a control group, with pre-test equivalence of groups checked through statistical analysis, helped to mitigate this limitation.

7.4.2 Intervention and control group profiles

This study took place in an educational setting, with 54 HIV/Aids coordinator teachers in two of seven metros in the Department of Education, Western Cape. Only women volunteered to take part in the intervention group, which may have influenced the research findings.

7.4.3 Time restrictions

There was limited training time and limited opportunity for the researcher to meet delegates. The training took place over six days, instead of the normal eight days, of the Living in Wellness Capacitar course. The researcher was only able to meet with the delegates and control groups once for pre-tests, once for post-tests and in a feed-back meeting which took

place 12 weeks after the intervention. While not all of the members of the focus group were able to attend the feed-back session, every effort was made to contact members and check the details of the qualitative data. No longitudinal study was carried out to measure effectiveness of the training over time. This is certainly an area for further research. No formal plans were made in the research to have get-togethers with the delegates for support and practice. Because of examinations and end-of-year work pressures, the Department of Education limited research to take place until the end of September 2009. No teachers were allowed to be contacted in the final term of the year.

7.4.4 Reasons for withdrawal

As delegates had the right to withdraw with no explanation or consequences, no formal enquiries were made as to why a few delegates stopped the training. During a telephonic check-up on attendance, one delegate withdrew on religious grounds as her church had published an article on the practising of Tai Chi. Others spoke of time pressures and unavoidable commitments on the weekends of training. A Muslim delegate, while not feeling personally affected, said that the presence of a male facilitator could have embarrassed or negatively influenced other female Muslim educators. As researcher, it was difficult to ascertain the validity of these comments as some, like the issue of time, may have been an excuse to make the researcher feel good, rather than delegates being critical of the training.

7.4.5 Placebo effect

With the placebo effect, the mere fact that a person has received an intervention of any type can improve their outcomes. It is possible that methodology of Capacitar workshops, with an empowering and respectful popular educational, multicultural approach, had as much, or even more, impact on mediation of burnout than the actual transpersonal practices taught. While the researcher acknowledges that the self-help empowering approach of the workshop intervention may be a considerable factor in the reduction of burnout, and perhaps the mere getting together of teachers in a self-help setting contributed to outcomes improvement, the application of skills and use of resource materials by delegates after the intervention indicate that the techniques themselves were significantly responsible for burnout mediation. In future research, using a control group which is exposed to an alternative stress reduction programme could help to counter the placebo effect.

7.4.6 Hawthorne effect

If the behaviour of research subjects improves, this could be the result of being measured, not in response to any experimental manipulation. In other words, Capacitar workshop members in this study may have responded positively to focus group discussions because they were the subject of attention, rather than because the transpersonal techniques had a positive impact. Longitudinal studies in future research could measure how lasting improvements in anxiety and burnout are sustained and, if there were improvements in educator work performance, how long these changes last.

7.5 Recommendations for the Future

As a result of the findings of this study the following recommendations are made in the areas of: theory development; intervention application; programme implementation and further research.

7.5.1 Theory development

Future research could analyse the impact of self-help groups and the effect of the Capacitar popular education, multiplier model in offering a unique context for the training of transpersonal practices, empowering people in self-healing rather than relying on experts and professionals. With regard to the high rate at which educators request leaving the profession by being boarded, research could be carried out at the tertiary level of intervention, that is, help in the recovery process. This focus would be on investigating the reasons why educators want to leave the profession in terms of stressors, burnout and trauma, with practical assistance given in the form of transpersonal interventions. The impact of cultural issues with a diverse population in studies of burnout in South Africa could be considered, as interventions designed to help combat burnout may need to be altered to suit the cultural beliefs of the participants.

7.5.2 Intervention application

As an effective prevention intervention for burnout for HIV/Aids coordinator teachers, transpersonal techniques could be utilised in all five strategic programmes that circumscribe the scope of the WCED's holistic HIV/Aids response: (a) They could be used in the mainstreamed curriculum programme, as part of Life Orientation; (b) they could be included

in mainstreamed Care and Support Programme led by Specialised Education Support; (c) they could become part of school-based HIV/Aids leadership, management and governance programmes; (d) they could be incorporated into peer education, with structured adolescent-to-adolescent teaching and (e) they could be incorporated into the workplace HIV/Aids programme, focusing on the adult needs of educators. Scope to extend these techniques into other Metros beyond South and Central, and ultimately into other provinces within the Department of Education would mean a national educational transpersonal psychology healing programme in HIV/Aids, reaching all parts of South Africa.

In addition, transpersonal techniques could be used as a prevention intervention for other types of challenges identified in this study – in the classroom for learners and in the schools for educators, where inadequate resources and challenging social problems can lead to more serious conditions. When stress levels lead to burnout, resulting consequences are serious, such as ill health, absenteeism, resignations and even death. In a cascading effect, this popular educational model can be taught with no professional training, in the sharing of healing skills so urgently needed in our society.

7.5.3 Programme implementation

1. Extension of training: Extend the training from six to eight days, which is the length of the completed Living in Wellness course,. This would give the participants more time and the opportunity to learn and practice transpersonal practices and facilitation skills.
2. Improve organisation and planning of workshops: While the Department of Education undertook the responsibility for organising workshop venue and catering, confusion arose when facilities at Lentegur Hospital were not always available and delegates got lost trying to find the different workshop venues. Due to budget limitations, lunch on some occasions comprised a muffin and cup of tea, which was not enough for teachers who had come from a working day and expected a reasonable meal
3. Workshop facilities: The facilities at Lentegur Hospital were traumatising for some, as they took place in the boardroom of the hospice, with delegates having to walk past wards of terminally ill patients. Facilities should ideally reflect the nurturing, healing space created in workshops

4. Time off: Teachers should be given time off from normal working duties, possibly at the start and end of the term, to attend stress and burnout workshops. Those suffering from extreme stress and burnout are not likely to give up free time to attend extra training, as workshops could be considered another demand on their already limited coping resources. There is also need for ongoing support groups.

7.5.4 Further research

In the educational setting, national research is needed to measure stressors and the effects of the intervention in more schools and with more teachers, taking location, such as urban and rural settings, into consideration. Taking cultural differences into account, the impact of transpersonal practices could be measured in different cultural groups. In the context of Africa, indigenous healing practices – such as ritual – could be included to make the transpersonal techniques more culturally relevant. Gender differences could be considered: While the intervention group was made up of entirely women, men made up some of the control group. The impact of transpersonal practices on religion and spirituality could be explored. The training could be extended to children and the impact that transpersonal techniques have on behaviour and performance in the classroom. Participatory action research could be carried out, taking into account the unique demands and difficulties of teachers and the needs of the Department of Education in South Africa in order to roll out the training on a grand scale. A longitudinal study could be carried out, measuring the sustained effects of transpersonal practices over a length of time. As focus group interviews gave an overview of experiences, rather than in-depth insights, a narrative or case study approach could be adopted. Focus could be placed on different settings, such as reform schools, special needs schools and, out of the educational context, into areas such as prisons, business organisations and medical practices, to measure the effects of transpersonal psychology on well-being. The use of transpersonal practices by professional psychologists as a therapeutic intervention could be studied in a group setting, rather than the popular educational, multiplier approach of Capacitar workshops. This would require commitment from counsellor supervisors and educators to train students in transpersonal psychology theory and practices.

7.6 Conclusion

The aim of this study was to seek a better way forward for teachers suffering from stress and burnout in the South and Central Metros. In many schools in disadvantaged areas of South Africa, the educator is the only adult who can be a solid anchor for the child. Maintaining teacher health and preventing stress and burnout should be a priority for the Department of Education, not only for the sake of the teachers, but also for the children.

Both quantitative and qualitative data in this study indicated that transpersonal practices mediated burnout as a prevention intervention in the HIV/Aids coordinator teacher population of Metro South, Western Cape Department of Education. Qualitative data in this mixed-methods study gave insights into the effect of transpersonal practices on burnout, elaborating on the data in the quantitative measures, which showed statistically that there is a significant difference between anxiety levels, personal and work burnout in the educator population after a transpersonal intervention. This was also supported by personal and work burnout statistical differences between the intervention and control groups.

This mixed-methods approach, although demanding, gave a more multi-dimensional, nuanced view of the topic of research. Mixed-method research is evolving as another step forward in social and health science research, using both quantitative and qualitative approaches to address the complexity of problems (Creswell, 2009).

A research objective was that beyond the academic insights of transpersonal psychology and the statistical data, the “heart” of healing in Capacitar workshops was portrayed. The impact of experiential learning was found: in the smile on a delegate’s face, shared laughter, respect, quiet and calm, play, dance and music, as well as theory and discussion.

This research project is dedicated to the KwaZulu-Natal HIV/Aids Capacitar delegate (2003), who reached out to Pat Cane with an impassioned plea: “You and I are both going to die – you possibly from old age, me from HIV/Aids. Teach us how to live and die in wellness”. Cane (2008b) responded to this challenge: “What does it mean to ‘live in wellness’, no matter what happens within us or around us in the larger world? How can we awaken our inner wisdom and healing resources, so that in turn we can empower well-being in our families and communities?” (p. i). This study attempted to be a meaningful step in the healing path of

helping others to learn how to live and die in wellness by empowering healing and transformation within the individual and the community.

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Appendix 1

Capacitar Vision and Mission

Capacitar is an international network of empowerment and solidarity whose vision is “healing ourselves, healing our world”. Using a popular education methodology, Capacitar teaches simple wellness practices to empower healing and transformation in the individual, the family and the community. Capacitar works in over 35 countries (in North, Central and South America, the Caribbean, Europe, Asia and Africa), and is especially committed to people affected by political and domestic violence, war, poverty, HIV/AIDS and natural disasters.

Intensive Training: Overview and Goals

The purpose of the Capacitar Intensive Training is to empower in participants:

- An understanding of the spirit and methodology of Capacitar
- A basic proficiency in the use of the core wellness practices with oneself and others
- A working understanding of the theories and research underlying the practices and their effectiveness in work with trauma healing
- A commitment to one’s own personal healing process as prerequisite to working with others.
- The basic capacity of facilitation using Capacitar’s popular education method and wellness practices with others.
- The application of the method and practices with a group or individuals in the community.

Appendix 2

WORKSHOP: Training Outcomes

Through the Capacitar Workshops, participants will demonstrate proficiency in the following theory and wellness practices:

1. All Tai Chi movements
2. Salute to the Sun
3. Body movement to release and balance energy
4. Pal dan Gum for opening the energy flows of the body
5. Breathing exercises
6. Pain Drain
7. Energy walk to identify how you hold your centre and energy boundaries
8. Provide input on energy and wellness and examine self care
9. Demonstrate basic communication and facilitation skills
10. Acupressure points for relaxation, relief of stress, and alleviation of pain
11. Safe space visualization to connect with a place of inner peace and security
12. Holds for relaxation, alleviating stress and anxiety – on oneself and others
13. Immune system boost
14. Finger holds for managing emotions
15. Hand massage for relaxation
16. Demonstrate skills in using Emotional Freedom Technique
17. Perform head/neck/shoulder release
18. Polarity: Ether protocol for trauma
19. Cross lateral exercises
20. Drum massage
21. Figure “8” for protection and boundaries
22. Demonstrate a basic understanding of popular education theory and methods
23. Primary message systems of culture in popular education
24. Trauma healing and the recovery process
25. Societal and intergenerational trauma - map of human consciousness
26. Vicarious traumatisation—self-care assessment
27. Tonglen to transform the violence and pain
28. Songs/Dances: Shalom, O Great Spirit; Leadership Dance; Light within us shines

Appendix 3

Capacitar Workshop Evaluation

Name(optional)

Date

Address

Phone

Email

Name of your organization/group

Activities or focus of your group

What did you like the most or find most helpful during the workshop?

What suggestions can you give to improve future workshops in both content and method?

What personal discoveries or insights did you get during this training?

How do you plan to use the practices you learned?

Describe the kinds of groups and individuals with which you have used (or could use) the work.

Other suggestions or comments

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Appendix 4

THE INSTINCT TO HEAL

There are many new methods being developed to treat depression, anxiety and traumatic stress. Medical professionals studying the impact of trauma on the body, now recognize that the human brain is composed of a "cognitive" brain responsible for language and abstract thinking, and a "limbic or emotional" brain responsible for emotions and the instinctual control of behavior. The emotional brain controls much of the body's physiology, autonomic responses and psychological well-being. Cognitive psychotherapy and medication are the usual methods used for stabilising and treating traumatised persons, but in many cases this approach is not enough nor is it appropriate in many cultures. In his book "The Instinct to Heal", psychiatrist David Servan-Schreiber (2004), says that "emotional disorders result from dysfunctions in the emotional brain. The primary task of treatment is to 'reprogramme' the emotional brain so that it adapts to the present instead of continuing to react to past experiences... It is generally more effective to use methods that act via the body and directly influence the emotional brain rather than use approaches that depend entirely on language and reason, to which the emotional brain is not receptive. The emotional brain contains natural mechanisms for self-healing: 'an instinct to heal'." This instinct to heal is the natural ability to find balance and well-being in body, mind and spirit.

Capacitar: A Popular Education Approach to Trauma Healing

In working with the traumatised, Capacitar's methods involve awakening and empowering this "instinct to heal". Because the experience of grassroots trauma is so vast, Capacitar uses a popular education approach rather than an individual therapeutic approach, placing in people's hands simple body-based skills they can use for themselves to release stress, manage emotions and live with balance in the midst of the challenges of life. A key to this approach is the inherent "instinct" or wisdom in the organism to return to balance and wholeness. Healing occurs through the release of undischarged energy as well as through a strengthening of the natural flow of energy. With the renewed flow of energy the person returns to a state of balance and well-being.

Appendix 4 ctd

Living in Wellness

Living with well-being is a very different experience of health than stabilizing symptoms or curing mental or physical disease. In contrast to a scientific worldview of health that involves “fixing or curing”, wellness in Eastern and indigenous models is based on wholeness and harmony in the energy or life force of body, mind and spirit. When energy is flowing freely and without obstruction through the channels and energy centers of the body, the person experiences good health, emotional balance, mental clarity, and spiritual well-being. The practices offered in Capacitar help to awaken this state of well-being, providing tools for the healing of past wounds and for the recuperation of inner strength and energy in the person. The practices have been used with many thousands of people in 35 countries and many different cultures. They have been found to be helpful for persons with traumatic stress, as well as for self-care for those working with others. These practices are meant to be used as part of daily life to help rebalance depleted, congested or excessive energy, as well as to nourish and build core energy. Regular use of practices such as Tai Chi, Pal Dan Gum, acupressure, and breath work help to alleviate traumatic stress symptoms manifesting as headaches, body pain, stomach disorders, diarrhea, insomnia, anxiety, and chronic fatigue. But it is not enough to only alleviate physical or emotional symptoms. The way traumatic experience is handled can be a catalyst for growth and transformation. Past wounds can be transformed into wisdom to live more fully. There is a return to balance and wholeness, the natural state of the person and the community. For other resources, manuals and CDs of practices, see our Capacitar website: www.capacitar.org.

**We join with the earth and with each other
With our ancestors and all beings of the future
To bring new life to the land
To recreate the human community
To provide justice and peace
To remember our children
To remember who we are.
We join together as many and diverse expressions
Of one loving Mystery,
For the healing of the earth and the renewal of all life.**

Capacitar Prayer from the UN Prayer of the Sabbath

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Appendix 5

Capacitar International 212 Laurel St. Suite 210 Santa Cruz, CA 95062 Tel/FAX 831-471-9215 www.capacitar.org



CAPACITAR

Patricia Mathes Cane, Ph.D., Capacitar Founder/CoDirector

Tools for well-being

The health of body, mind and spirit is continuously affected by trauma, violence, weather, diet, environment, daily news, and the challenges of life. The use of simple ancient healing skills can empower us to live with peace and well-being no matter what is happening around us. The following Capacitar exercises are offered to be used at times when we feel drained, scattered or depressed. These tools are for all of us, whether we are survivors of trauma, caregivers working with others or persons overwhelmed and stressed by daily life. The challenge is to build these practices into our lives and lifestyle, so they become second nature and can be readily called upon whenever we are aware of traumatic stress, energy drain, depressed feelings or loss of center. Please copy, distribute and use these with yourself and with others. More practices and theory can be found in our manuals and website www.capacitar.org.

Breath work

Breath is the source of life, bringing fresh energy into the tissues and cells to nourish body, mind and spirit. When we breathe out, accumulated stress and toxins are released. Breathing through a stressful time is an effective way to let go of the tension that accumulates in the body. A few long deep breaths at a difficult moment can completely change the way we handle a situation. Breath work combined with images of light or nature can promote feelings of peace, calm and focus.

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Appendix 5 ctd

1. **Abdominal Breathing** - Sit comfortably supported and close your eyes. Breathe deeply and center yourself, letting go of all worries and thoughts. Place your hands on your abdomen, breathe in deeply through your nose and imagine the air moving down through the body into your center within your abdomen. Imagine that your abdomen fills with air as if it were a balloon. Hold your breath for a few moments and then exhale slowly through your mouth, contracting the muscles of your abdomen, letting go of all the tension in your body. Continue abdominal breathing for several minutes. If thoughts come into your mind, gently release them, returning to the image of the air moving in and out of your body.
2. **Breathing in Nature** - Nature is a great resource for healing and grounding. With feet on the ground, breathe in deeply imagining that your feet are long roots running into the earth. Breathe in earth energy, breathe out stress, tension and pain.
3. **Breathing through the Pores** - This exercise is especially helpful for releasing pain. Breathe abdominally for several minutes, aware of any pain you are carrying. Breathe in and imagine that the air is like white cleansing light that comes into your body through the pores of the skin, circulating through areas that are painful and tense. Hold your breath as the white light circulates throughout your body. Imagine that your tissues can absorb the white light and release the pain and toxins. Breathe out slowly and imagine the toxins and pain releasing through your pores, draining down into the earth to be transformed. Continue breathing, directing the white light to areas needing special attention. Feel your body becoming lighter and brighter.
4. **Suggestions for facilitators** - Persons dealing with trauma or stress often hold their breath or breathe in a shallow way. To better teach abdominal breathing, have the person place their hands below the navel and lean forward in their chairs. Then lead them in breathing slowly through the nose and exhaling through their mouth. In this bent position the only way they can breathe is abdominally. After a few minutes, have the person straighten up in the chair and continue to breathe deeply into the abdomen.

Appendix 6

TAI CHI ENERGY EXERCISES



The Rocking Movement

Stand with feet separated shoulder-width apart, hands at sides. Raise your heels and with palms facing upwards raise your hands to the level of your chest. Turn your palms downward and move your hands downward while you lower your heels and raise your toes in a rocking movement. Continue slowly rocking back and forth, breathing deeply. With each move drop your shoulders, relax your arms and fingers. Do the exercise smoothly and slowly. Breathe deeply and imagine that your feet are planted securely on the earth. As you raise your hands imagine that you are able to bring down the energy of the heavens to cleanse and fill you. This is a very beneficial movement for trauma and depression.

The Shower of Light

With left foot forward, raise your hands up over your head, then move them downward as if showering yourself with light. Feel the energy cleansing and filling your being. Repeat on the right side, with right foot forward. Breathe in the shower of light, and then exhale and let go of any negativity within you. Feel the light cleansing and renewing you. This is excellent for persons who are depressed or dealing with past wounds of trauma.



Let Go of the Past and Open to Receive

With left foot forward, palms curved softly downward, push your hands outward in a gentle arc, letting go of all tension, negativity, and violence within you. Turn palms upward and draw them back towards the chest, breathing in peace and healing.. Repeat with right foot forward. Breathe out the pain and violence. Breathe in peace and healing.

Fly through the Air

With your left foot forward, your left hand upward, swim or fly through the air. The motion should be free and light with arms and shoulders relaxed. Repeat the movement on the right side starting with your right hand upward. Fly freely through the air letting go of all that weighs you down, feeling the liberation of your spirit. Open your heart to all the possibilities for your life and healing. This is good to release pain in back, shoulders and head.



Appendix 7

FINGER HOLDS TO MANAGE EMOTIONS

The following practice is a simple way to work with emotions by holding each finger. Emotions and feelings are like waves of energy moving through the body, mind and spirit. Through each finger runs a channel or meridian of energy connected with an organ system and related emotions. With strong or overwhelming feelings, energy can become blocked or repressed, resulting in pain or congestion in the body. Holding each finger while breathing deeply can bring emotional and physical release and healing.

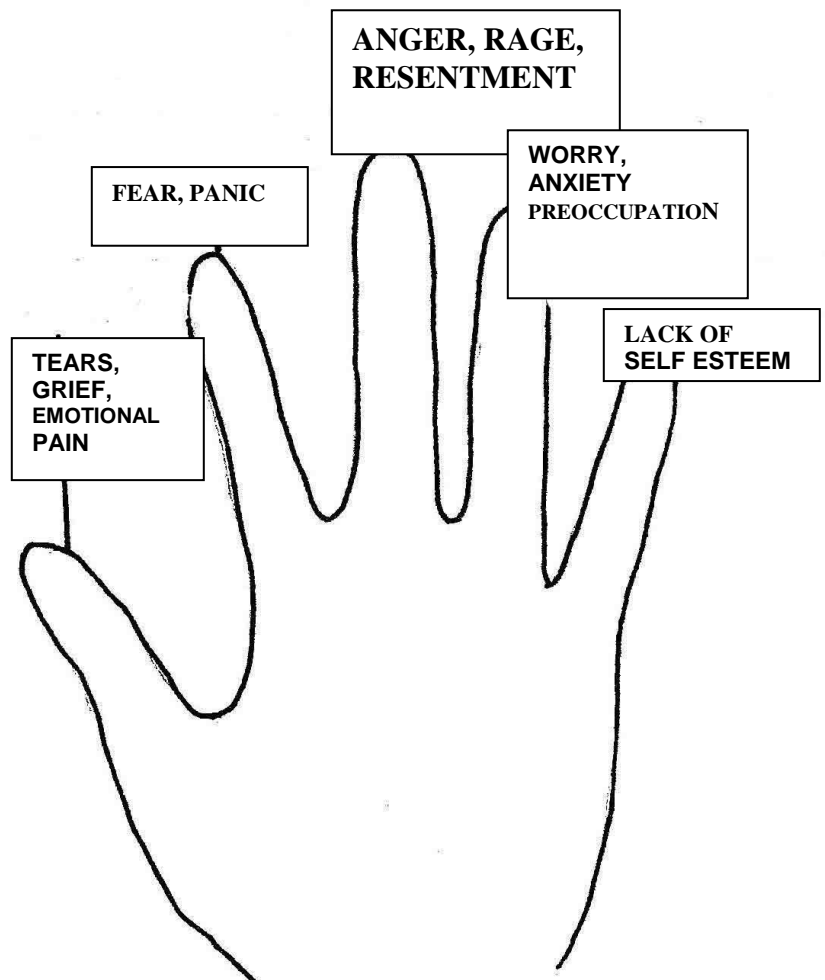
The fingerholds are a very helpful tool to use in daily life. In difficult or challenging situations when tears, anger or anxiety arise, the fingers may be held to bring peace, focus and calm so that the appropriate response or action may be taken. The practice may also be done as a meditation with music, or used before going to sleep to release the problems of the day and to bring deep relaxation to body, mind and spirit. The practice may be done on oneself or on another person.



FINGER HOLD PRACTICE:

Hold each finger with the opposite hand 2-5 minutes. You can work with either hand. Breathe in deeply; recognize and acknowledge the strong or disturbing feelings or emotions you hold inside yourself. Breathe out slowly and let go. Imagine the feelings draining out your finger into the earth. Breathe in a sense of harmony, strength and healing. And breathe out slowly, releasing past feelings and problems.

Often as you hold each finger, you can feel a pulsing sensation as the energy and feelings move and become balanced. You can hold the fingers of someone else who is angry or upset. The fingerholds are very helpful for young children who are crying or having a tantrum, or can be used with people who are very fearful, anxious, sick or dying.



Appendix 8

EMOTIONAL FREEDOM TECHNIQUE—EFT

The Emotional Freedom Technique (EFT) developed by Gary Flint, Ph.D., is very useful for unblocking and healing strong emotions, fears, anxiety, emotional pain, anger, traumatic memories, phobias and addictions, as well as for alleviating body symptoms and pain, such as headaches and overall body pain. The technique is based on the theory of the energy field of body, mind and spirit, along with meridian theory of Eastern medicine. Problems, traumas, anxiety and pain can cause a block in the energy flow of the body. Tapping or pressing acupressure points connected with channels or meridians of energy can help move blocked energy in congested areas and promote the healthy flow of energy in the body and mental field. (Adapted with permission from the EFT materials of Gary Flint, Ph.D. Emotional Freedom Technique.)



EFT Practice:

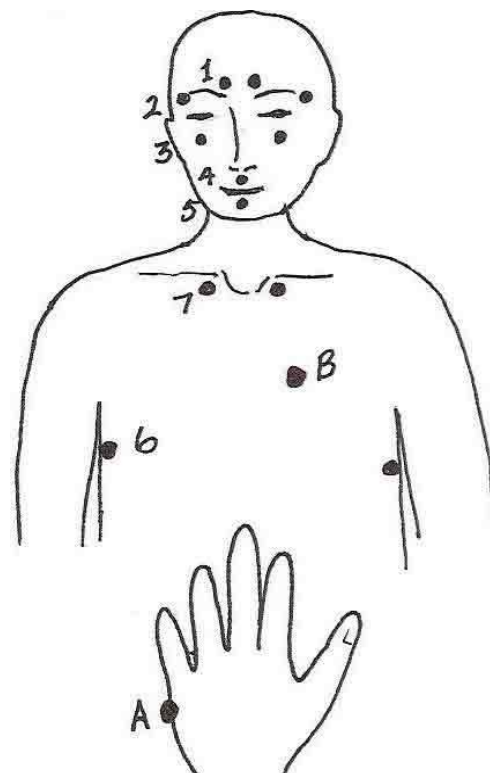
1. Think of an issue to work with and measure your anxiety level:

Choose to work with a problem, worry, phobia, anxiety, traumatic memory or negative self-concept. Using a scale of 0—10, measure the level of anxiety that you feel when thinking about the issue. (0 means no anxiety, 10 means extremely high level of anxiety). If it is difficult to quantify or measure with a number, use a simple scale such as: (none, small, medium, large) or (big to little) or (tall to short).

2. Tap the sequence of Acupressure Points 7-9 times:

Breathe deeply and tap 7 to 9 times with index & middle fingers :

- Points above where the eyebrows begin 1
- Points at the side of the eyebrows 2
- Points below the pupils of eyes on bone 3
- Point below the nose 4
- Point below the lips on the chin 5
- Points below armpits (about 8 cm down) 6
- Points below clavicles on sides of sternum 7



3. Tap point A at side of hand and say:

Tap the Polarity Reversal Point A at the side of the hand while saying 3 times:

“In spite of the fact I have this problem, I’m OK, I accept myself.”

4. Repeat the sequence in #2 & #3

Repeat sequence until anxiety level is down to 0-2.



5. Rub the Sore Spot B:

Rub or press the Sore Spot located on the left side of the chest about 6 cm below the left collar bone and 4-6 cm to the side of the sternum.

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Appendix 9

THE HOLDS

This practice consists of several simple energy holds that may be done on oneself or on another person for anxiety, emotional or physical pain, traumatic memories, strong emotions, such as anger or fear, insomnia and for deep relaxation. Through the energy of our hands we have the power to bring profound peace, harmony and healing to body, mind and spirit. As the practice is used on oneself or on another, hold in mind and heart a deep sense of peace, light and spaciousness. The Holds can be done for several minutes each, accompanied by deep abdominal breathing to promote greater release. The touch is very light, and if someone fears touch because of pain or their history of abuse, the holds may be done off the body working in the energy field. Always ask permission when you do any practice involving touch of another person.

Halo Hold



Head Hold

One hand lightly holds the head high on the forehead; the other hand holds the base of the skull. The energy of the hands connects with parts of the brain related to memories and emotions.

Crown Hold

Thumbs of both hands together contact crown center at the top of head. Fingertips softly touch area across the forehead. Along with deep breathing this hold is used in different bodywork modalities to promote emotional release.



Shoulder Hold

The hands rest lightly on the shoulders, the place in the body related to anxiety, excess baggage or the burdens of life.

Heart Hold

One hand rests across sternum high on chest. The other hand touches upper back behind the heart. The heart area often holds emotional pain, wounds of the past, grief and resentment. Breathe deeply and imagine the heart pain draining down into the earth. You can also do this hold several inches off the body respectful of the person's boundaries.

To finish, Brush off energy field with the hands. The tops of the feet may also be

held to ground the person.

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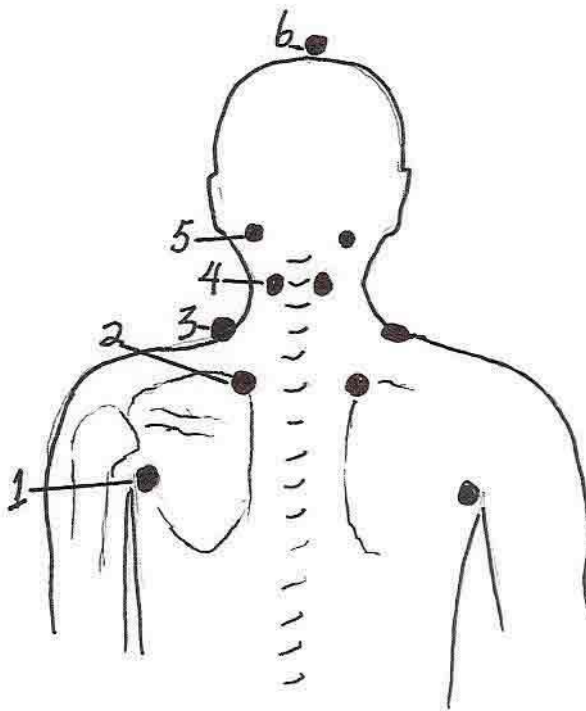


Appendix 10

HEAD NECK SHOULDER RELEASE

This acupressure practice releases pain, tension and congestion in the upper back, shoulders, neck and head. Often with trauma and stress, energy becomes blocked in shoulders, neck and head. Most of the energy channels or meridians flow through this area, resulting in a “bottle neck” of tension in some people. This practice can easily be done on oneself, or on another person, either seated or lying comfortably face-up. This is a very good practice for anxiety at night or when one is unable to sleep. If doing this with another person, be sure that you keep clear boundaries, and if you feel their energy coming into your hands, imagine that it can flow through and down into the earth. With slightly curved fingertips, press into each of the sets of points (1-6) for 1 to 2 minutes, or until the energy pulse is clear, strong and flowing. The points will usually be very sensitive. During the practice you can imagine energy flowing upward and out the top of the head while breathing deeply. To

end the practice, imagine that your feet are rooted to the earth to ground you. If working on another, you can hold the tops of their feet for a few moments to ground them. (Adapted from the work of Aminah Raheem and Iona Teegarden.)



Sets of Points:

1. About 2 cm outside the bottom of the shoulder joint where the arm connects to the trunk of the body.
2. At the top of the inside curve of shoulder blades about 4 cm from the center of the spine.
3. On top of the shoulders at the base of the neck in the trapezius muscle.
4. Midway up the neck in the band of muscles on either side of the spine.
5. In the hollows at the base of the skull at the sides of the head.
6. The crown center at the top of the head.

To Finish:

Hold the tops of the feet for grounding or if done on oneself, imagine that the feet are rooted in the ground. Breathe deeply and feel peace and harmony in body, mind and spirit.

Appendix 11

ACUPRESSURE FOR PAIN AND TRAUMATIC STRESS

Depression

These Acupressure points are for depression and heaviness of spirit to bring a sense of peace.

Crown of head

Hold lightly the top of the head. There are three acupressure points in a line in this area.

Forehead between the Eyebrows

With the fingertips of one hand hold the sensitive area between the eyebrows where the nose connects with the forehead.

Base of Skull at the Sides of the Head

Interlace fingers, place your hands behind your head, and with the thumbs press the two points at left and right sides of the base of the skull in the indentation between the muscles and bones.



Anxiety, Crisis & Overwhelm

Point in the Outer Wrist

Press point in the indentation on the outside of the crease of the wrist, down from the small finger.

Point on Top of the Shoulders

With the fingertips of both hand hold the points on top of the shoulders. The arms may be crossed if this position is more comfortable.



Sore Spot

Locate a spore spot in the left side of the chest about 6 cm down from the collar bone and about 4 cm to the side of the sternum.



Fainting, Crisis & High Blood Pressure

This point can be used on oneself or another if a person is fainting or in crisis.

Point Beneath the Nose

With index fingertip or knuckle of the finger, press into the point directly below the nose on the upper lip.

Insomnia

Point in Forehead with Point in Center of Chest

Hold at the same time the point in the middle of the forehead and the point in the middle of the chest.

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Appendix 12

THE FIGURE 8

The Figure Eight (Krystal, 1993) is a symbol which enables a person to protect his own space or territory.

A person imagines sitting in a circle of golden light on the ground, around the feet. Another circle of golden light is visualised in front of the person, just touching the circle but not overlapping. Starting at the point where the two circles touch, a neon blue light is visualised flowing around the opposite circle in a clockwise direction until it is complete. This light then flows around the inner circle where the person is standing, forming a figure of eight. If this figure eight of neon blue light is visualised for two minutes at a time, morning and night, this is preparation for eventually cutting the ties that bind. Any person or behaviour can be placed in the outer circle and after two weeks, you will be ready to cut the ties that bind.

Cutting the ties does not necessarily end a relationship. It allows the relationship to grow in a healthy direction, allowing the person to become free of feeling controlled, free of hurt, anger, free to move on in life to the fullest.

Appendix 13

Demographic Questionnaire

All information will be treated as confidential

Please complete the following information

Name: _____

1. Male _____ Female _____

2. Age _____

3. Race _____

4. Marital status:

Single _____ Married _____ Divorced _____

5. Children: Son/s _____ Age/s _____

Daughter/s _____ Age/s _____

4. Religion _____

5. Home language:

English _____

Afrikaans _____

Xhosa _____

Other (specify) _____

6. Area where you live _____

7. School and area where you teach _____

8. Class that you teach _____

9. How long have you been at the school? _____

10. Level of education reached _____

11. When did you volunteer to be an HIV/Aids coordinator in your school?

12. Why did you volunteer?

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13. What are your main responsibilities of the HIV/Aids coordinator role?

14. What are the stresses in your HIV/Aids role?

15. What do you find most stressful about teaching?

16. What other stresses do you have in your life?

17. What do you currently do to help you deal with stresses?

Appendix 14

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate HOW MUCH you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY by circling the corresponding number next to each symptom.

0	1	2	3
Not at all	Mildly; it did not bother me much	Moderately; it was very unpleasant but I could stand it	Severely; I could barely stand it

1. Numbness of tingling.....	0	1	2	3
2. Feeling hot.....	0	1	2	3
3. Wobbliness in legs.....	0	1	2	3
4. Unable to relax.....	0	1	2	3
5. Fear of the worst happening.....	0	1	2	3
6. Dizzy or lightheaded.....	0	1	2	3
7. Heart pounding or racing.....	0	1	2	3
8. Unsteady.....	0	1	2	3
9. Terrified.....	0	1	2	3
10. Nervous.....	0	1	2	3
11. Feelings of choking.....	0	1	2	3
12. Hands trembling.....	0	1	2	3
13. Shaky.....	0	1	2	3
14. Fear of losing control.....	0	1	2	3
15. Difficulty breathing.....	0	1	2	3
16. Fear of dying.....	0	1	2	3
17. Scared.....	0	1	2	3
18. Indigestion or discomfort in abdomen.....	0	1	2	3
19. Faint.....	0	1	2	3
20. Face flushed.....	0	1	2	3
21. Sweating (not due to heat).....	0	1	2	3

Appendix 15

Copenhagen Burnout Inventory

NB: The questions of the CBI should not be printed in the questionnaire in the same order as shown here. In fact, the questions could very well be mixed with questions on other topics. This is recommended in order to avoid stereotyped response patterns.

Part one: Personal burnout.
(First edition. November 1999)

Definition: Personal burnout is a state of prolonged physical and psychological exhaustion.

Questions:

1. How often do you feel tired?
2. How often are you physically exhausted?
3. How often are you emotionally exhausted?
4. How often do you think: "I can't take it anymore"?
5. How often do you feel worn out?
6. How often do you feel weak and susceptible to illness?

Response categories: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring: Always: 100. Often: 75. Sometimes: 50. Seldom: 25. Never/almost never: 0. Total score on the scale is the average of the scores on the items.

If less than three questions have been answered, the respondent is classified as non-responder.

Part two: Work burnout.
(First edition. November 1999)

Definition: Work burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.

Questions:

1. Is your work emotionally exhausting?
2. Do you feel burnt out because of your work?
3. Does your work frustrate you?
4. Do you feel worn out at the end of the working day?
5. Are you exhausted in the morning at the thought of another day at work?
6. Do you feel that every working hour is tiring for you?
7. Do you have enough energy for family and friends during leisure time?

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Response categories:

Three first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

Last four questions: Always, Often, Sometimes, Seldom, Never/almost never.

(Reversed score for last question). Scoring as for the first scale. If less than four questions have been answered, the respondent is classified as non-responder.

Part three: Client burnout.

(First edition. November 1999)

Definition: Client burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients*.

***Clients can be: patients, students, children, inmates, or other kinds of recipients.**

1. Do you find it hard to work with clients?
2. Do you find it frustrating to work with clients?
3. Does it drain your energy to work with clients?
4. Do you feel that you give more than you get back when you work with clients?
5. Are you tired of working with clients?
6. Do you sometimes wonder how long you will be able to continue working with clients?

Response categories:

The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

The two last questions: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring as for the first two scales. If less than three questions have been answered, the respondent is classified as non-responder.

NB: In these questions one should use the appropriate term for "clients" depending on the circumstances. E.g., in a questionnaire for nurses, the term patients should be used, while the term children or students should be used in a study of teachers' burnout.

Appendix 16

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

INTERVENTION GROUP

TITLE OF RESEARCH: Masters Psychology Research Thesis: Transpersonal Practices as Prevention Intervention for burnout amongst HIV/Aids coordinator teachers

REFERENCE NUMBER: Supervisor, Prof Tony Naidoo, University of Stellenbosch, Psychology Department, 021 8083461

PRINCIPAL INVESTIGATOR: Sharon Johnson

ADDRESS: 2 Riverton Road, Rondebosch, Cape Town 7700

CONTACT NUMBER: 072 2644140

Dear Participant

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

All information gathered will be treated as confidential and will not be linked to you personally - your anonymity will be assured.

What is this research study all about?

- The Capacitar workshops, which form part of care and support for HIV/Aids coordinator teachers, will take place at Lentegour Hospital, Mitchells Plain. Altogether approximately 30 people have expressed an interest in participating.
- The aim of the research is to measure the impact of participating in a Capacitar workshop on physical, emotional and spiritual well-being. Your reaction to the training

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- will influence future workshops for HIV/Aids coordinator teachers in the Dept of Education.
- You will be asked to attend workshops on Friday afternoons and Saturdays on agreed upon dates. Tea/coffee and lunches will be provided. Training times are 12.30 – 3.30 and 9.30am – 3.30pm.
- There will be no use of medication in the workshop. You will be taught the theory and practice of multicultural stress-reduction practices which involve working on yourself and others with exercises such as gentle massage, pressure points and holding (such as fingers) being taught to participants. Permission is always sought before touching another person.

Why have you been invited to participate?

- You have been invited to participate because you expressed an interest in attending the workshops.

What will your responsibilities be?

- Your responsibilities will be to fill in questionnaires before and after training, and possibly take part in a focus group interview. Your active participation in the workshop is also required.

Will you benefit from taking part in this research?

- There should be physical, emotional and spiritual benefits resulting from taking part in the research. You will be given a set of self-help tools which you can use to heal yourself and those around you.

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Are there in risks involved in your taking part in this research?

- There should be no risks involved. All the practices are safe, gentle and constitute no risk for the participant. Participants will also retain the right not to participate at any stage should they so wish. If emotions come up for you, you will be taught to deal with these effectively. Should you feel that you require one-on-one therapy about any issue, psychological support will be available.

If you do not agree to take part, what alternatives do you have?

- The Dept of Education is involved in other care and support activities, such as wellness days. Enquire from the Metropole South support staff.

Further information about your rights:

Enquiries about your rights as participants can be made by contacting Ms Maryke Hunter-Husselmann, Stellenbosch University. Tel: 021 8084623; Email: mh3@sun.ac.za; Postal Address: Unit for Research Development, B3207, Admin B, Private Bag X1, Stellenbosch, 7602.

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Declaration by participant

By signing below, I agree to take part in a research study entitled: *Transpersonal Practices as Prevention Intervention for HIV/Aids coordinators teachers*.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I give my consent to being audiotaped in a focus interview, on the understanding that I am guaranteed that these will only be used to assess the success of the workshops; they will not be used for staff evaluation by the Dept of Education; and will be destroyed immediately after use.

Signed at (*place*) on (*date*) 2009.

.....

Signature of participant

.....

Signature of witness

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Declaration by investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above

Signed at (*place*) on (*date*) 2009.

.....

Signature of investigator

.....

Signature of witness